J , .			
` ! - I	Dala Caranta	and TielseA/Dees	Distributions
eremoniai	Role Events	and Ticket/Pass	DISTRIBUTIONS

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. Agency Name	Water state of the		Date Stamp	California Q02
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)	and any and the second			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)	M			
Barbara Garcia, Ticket Administrator			Amondment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Amendment (Wast	Trovide Explanation in Falt 5.)
213-974-4111 bgarcia@bos.laco	unty.gov		Date of Original Filing	:(month, day, year)
2. Function or Event Information				00.00
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of E	Each Ticket/Pass \$ _	22.00
Event Description: Pomona Fairplex	П	ate(s) 05	05 2023	05 , 29 , 2023
Provide Title/ Expla	anation	ato(0)		
Ticket(s)/Pass(es) provided by agency? Yes	☐ No ■ If	no:	Name of Source	
NAVa a district district value and a state of the state of				
Was ticket distribution made at the behest Yes	□ No ■ "	yes:	Official's Name (Last, First,)
of agency official?				
3. Recipients		-		
Use Section A to identify the agency's department or unit.	• Use Section B to id	dentify an individu	al. Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ursuant to the agency's policy
Staff		Per ticket po	olicy 5.3 (k)	
	6			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	110000000	Identify one of the	Income
		1	nonial Role Other Oth	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ursuant to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 1894	4.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance
with the requirements.			-:	E IDE (0000
Barbara Gar		Admi	nistrative Director	5/25/2023
Signature of Algency Head or Designee	Print Name		Title	(month, day, year)
Comment:				
Outilitetit.				

Clear

า	eremonial Role Even Agency Name		Date Stamp	California OOO		
••	County of Los Angeles				Date Starrip	Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D					
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm					
	Area Code/Phone Number	TE-mail			Amendment (Must F	Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	ınty.gov	7	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor					22.00
	Does the agency have a ticl				Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex Provide Title/ Expla	[Date(s)	, 05 , 2023	05292023
	Ticket(s)/Pass(es) provided			f no:		
		2, 292, 100			Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes:	Official's Name (Last, First)	
	of agency official?				Omeiars Name (East, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to i			fy an outside organization.
	A. Name of Agency, Dept	artinent of onit	Passes	Describe th	e public purpose made pui	suant to the agency's policy
	Staff		5	Per ticket po	olicy 5.3 (k)	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				Caram	onial Role Other	Income
					ing "Ceremonial Role" or "Other" de	scribe below:
				If check	ing "Ceremonial Role" or "Other" de onial Role Other cing "Ceremonial Role" or "Other" de] Income [
	C. Name of Outside O		Number of Ticket(s)/ Passes	If check	onial Role Other Cing "Ceremonial Role" or "Other" de] Income [

Print

Signature of Agency Head or Designee

Comment: ____

Clear

Print Name

Barbara Garcia

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

5/25/2023

(month, day, year)

Administrative Director

Title

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 00

						Form 8U2
	County of Los Angeles					Form OUZ For Official Use Only
	Division, Department, or Reg					For Official Ose Offig
	Board of Supervisor, First D					
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm Area Code/Phone Number	inistrator E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.laco	unty gov		Date of Original Filing:	
	213-374-4111	bgarcia@bos.iacc	ounty.gov		Date of Original Filling.	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex		Date(s)05	05 2023	05 , 29 , 2023
		Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	S No No I	f no:	Name of Source	
	Was ticket distribution made	e at the behest		f yes:		
	of agency official?	163	S LI NO	Control of the contro	Official's Name (Last, First)	
3.						
	 Use Section A to identify the agen 	ncy's department or unit.		dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Staff		10	Per ticket p	olicy 5.3 (k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other cking "Ceremonial Role" or "Other" de	
				4	nonial Role Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Δ	Verification			1		
₹.	I have read and understand FP	PPC Regulations 1904	14.1 and 19042	I have verified	that the distribution act for	orth above is in secondaries
	with the requirements.	To Negulations 1094	I aliu 10342.	rnave vermed t	nai ine uisinbullon Sel 10	этит авоче, is in accordance
	d dad A.	Barbara Ga	rcia	Admi	nistrative Director	5/25/2023
	Signature of Agency Head or Design	A 1000 MICO MICO MICO MICO MICO MICO MICO MICO	Print Name		Title	(month, day, year)
	,		-		2000	(oimi, day, jour)

Print

Comment: _

Clear

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		
Division, Department, or Region (if applicable)		For Official Use Only

County of Los Angeles				Form UUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must Prov	vide Explanation in Part 3.)
Area Code/Phone Number E-mail				Deploration in that c.,
213-974-4111 bgarcia@bos.lac	county.gov		Date of Original Filing:	(month, day, year)
. Function or Event Information				00.00
Does the agency have a ticket policy?			ach Ticket/Pass \$	22.00
Event Description: Pomona Fairplex	Г	Date(s)/_	05 , 2023	05 , 29 , 2023
Provide Title/ Ex	xplanation	Jate(3)		
Ticket(s)/Pass(es) provided by agency? Yes	es 🗌 No 🔳 If	f no:		
AAI K-l-A di-Adh- K-m d Alb b b a		f voc:	Name of Source	
Was ticket distribution made at the behest γ ₆	es 🗌 No 🔳 "	f 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 i	dentify an individual	l. Use Section C to identify a	an outside organization.
△ Name of Agency, Department or Unit	Number	Describe the	public purpose made pursu	ant to the agency's policy
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
Staff	5	Per ticket poli	icy 5.3 (k)	
B. Name of Individual	Number of Ticket(e)		Identify one of the foll	lowing:
(Last, First)	of Ticket(s)/ Passes		identity one of the foil	owing.
			nial Role Other Og g "Ceremonial Role" or "Other" descri	Income In
		() 7 (7 (7 (7 (7 (7 (7 (7 (7 (nial Role Other of "Other" descri	Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
J. Verification				
I have read and understand FPPC Regulations 189	944.1 and 18942.	I have verified the	at the distribution set fort	h above, is in accordance
with the requirements.			rg or ear r	
Barbara G		Admini	istrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment:				

Print

Clear

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

-				
Ceremonial	Role E	vents and	Ticket/Pass	Distributions

-	-							
Δ		ıhı	IC	100	CI	um	en	1

1. Agency Name			Date Stamp	California 802	
County of Los Angeles				roitii 000	
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 F	Provide Explanation in Part 3.)	
213-974-4111 bgarcia@bos.laco	ounty gov		Date of Original Filing:		
213-374-4111 Ugardia@bos.iadd	Junty.gov	9		(month, day, year)	
2. Function or Event Information				7627800 - 0000000	
Does the agency have a ticket policy? Yes	s∎ No□ F	ace Value of	Each Ticket/Pass \$ _	22.00	
				05 , 29 , 2023	
Event Description: Pomona Fairplex Provide Title/ Exp	D	ate(s)	05 2023		
		no:			
ricket(b)/r abs(bb) provided by agency.	S I NO II	110.	Name of Source		
Was ticket distribution made at the behest Yes	s□ No■ If	yes:	Official's Name (Last, First)		
of agency official?			Official's Name (Last, First)		
3. Recipients					
 Use Section A to identify the agency's department or unit. 	• Use Section B to it	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
▲ Name of Agency, Department or Unit	Number	Describe th	e public purpose made pu	revent to the agency's policy	
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy		
Staff		Per ticket p	olicy 5.3 (k)		
	3				
	Number			at the silver party of the	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:	
(200, 1110)	rasses		nonial Role Other	Income	
			nonial Role Other Other Other Other		
			-		
			nonial Role Other Other Other Other		
		II Check	king ceremonial Note of Other de	iscribe below.	
C. Name of Outside Organization	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy	
(include address and description)	Passes				
4. Verification					
Phave read and Understand FPPC Regulations 189	11 1 and 10012	I have verified	that the distribution set t	forth above is in accordance	
with the requirements.	44.1 and 10942.	i nave venneu .	triat trie distribution set i	onin above, is in accordance	
Barbara Ga	arcia	Δdmi	inistrative Director	5/25/2023	
Signature of Assency Head or Designee	Print Name		Title	(month, day, year)	
Signature or Agency nead or Designee	FIIII INAMIE		nue	(monui, day, year)	
Comment:					
Commond.			N. C. 100		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 22.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ■ No □ Event Description: Pomona Fairplex 05 29 2023 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest Yes ☐ No Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 6 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 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	e distribution set forth abo	ve, is in accordance
with the requirements.				

Barbara Garcia

Administrative Director

5/25/2023

Signature of Agency Head or Designee

Print Name

(month, day, year)

Comment:

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	A	Public Document
	Agency Name				Date Stamp	California OOO
	County of Los Angeles			Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm	inistrator	Amondment (46 at B	revide Evaleration in Red 2)		
	Area Code/Phone Number	E-mail			Amendment (Musi P	rovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacoι	inty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				00.00
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	22.00
	Event Description: Pomona	Fairplex		Date(s)	05 , 2023	05 , 29 , 2023
	Event Description.	Provide Title/ Expla	nation	Jaic(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	f no:	Name of Source	
3.	Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen			f yes:	Official's Name (Last, First)	y an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Staff		6	Per ticket po	olicy 5.3 (k)	
	B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	-			0.70.70.70.70	nonial Role Other C king "Ceremonial Role" or "Other" de	
				NAME OF TAXABLE PARTY.	nonial Role Other cking "Ceremonial Role" or "Other" de.	- 17 Yesta con testado antico de la constante

4. Verification

C.

I have read and understand FPPC Regulations	18944.1 and 1894.	2. I have verified that the	e distribution set forth above,	is in accordance
with the requirements.			· · · · · · · · · · · · · · · · · · ·	

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

Number of Ticket(s)/ Passes

Comment: _

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

Name of Outside Organization

(include address and description)

	100m P		-			
^	Put	Nic		~ 11	mo	nt
	ru	JIII (~		ru u	11111	2 II II IL

Agency Name				Date Stamp	California 802
County of Los Angeles					, com c c c
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisor, First D	istrict				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Admi	inistrator			☐ Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
Function or Event Inform	mation				22.00
Does the agency have a tick	ket policy? Yes			ach Ticket/Pass \$ _	22.00
Event Description: Pomona	Fairplex	D	ate(s)/_	05 / 2023	05 , 29 , 2023
Ticket(s)/Pass(es) provided	Provide Title/ Explai		no:		
ricket(s)/r ass(es) provided	by agency: Yes [_ NO _ "	no:	Name of Source	
Was ticket distribution made	at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
Deciniento					
Recipients • Use Section A to identify the agen-	cv's department or unit. •	Use Section B to ic	lentify an individua	l. Use Section C to ident	ify an outside organization.
		Number			AVANTE BRYANDERS GERMAN
A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
Staff		6	Per ticket po	icy 5.3 (k)	
		6			
				10 10 10	
B. Name of India		Number of Ticket(s)/		Identify one of the	following:
B. Name of Indi (Last, Firs					
		of Ticket(s)/	and managed a	Identify one of the	Income [
		of Ticket(s)/	and managed a	nial Role Other	Income [
		of Ticket(s)/	If checkin	nial Role Other Other of "Other" d	Income [
		of Ticket(s)/	If checkir. Ceremo	nial Role Other	Income I
(Last, Firs	st)	of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income Inc
	rganization	of Ticket(s)/ Passes	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income I
(Last, Firs	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income scribe below:
(Last, Firs	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income scribe below:
(Last, Firs	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income scribe below:
(Last, Firs	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income scribe below:
(Last, Firs	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other Other g "Ceremonial Role" or "Other" d nial Role Other g "Ceremonial Role" or "Other" d	Income escribe below:
C. Name of Outside Or (include address and Verification I have read and understand FP	rganization description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkir Describe the	nial Role Other of "Other" description of the control of the con	Income escribe below: Income escribe below: Income escribe below:
C. Name of Outside Or (include address and	rganization description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkir Describe the	nial Role Other of "Other" description of the control of the con	Income lncome lnc

Α	Du	h	lic	Do	CH	ment
	I U			-	/ L . L.	

gency Report of: eremonial Role Ever	nts and Ticket/P	ass Distri	butions	A	Public Document
Agency Name	deal, toen to to the most ten			Date Stamp	California OOO
County of Los Angeles				~	Form OUZ
Division, Department, or Rec	gion (if applicable)				For Official Use Only
Board of Supervisor, First I	District				
Designated Agency Contact	(Name, Title)				
Barbara Garcia, Ticket Adn	ninistrator			Amondment (Mart	Describe Fundamentian in Book 2.)
Area Code/Phone Number	E-mail		When the same of	Amendment (Musi F	Provide Explanation in Part 3.)
213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
. Function or Event Info	rmation				00.00
Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	22.00
Event Description: Pomona	a Fairplex		oate(s)	05 , 2023	05 , 29 , 2023
Ticket(s)/Pass(es) provided	Provide Title/ Explar		no:		
Hokel(3)/1 d35(63) provided	r by agency: Test		110.	Name of Source	
Was ticket distribution mad of agency official?	e at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)	
or agency officials					
 Recipients Use Section A to identify the age 	ncy's department or unit	Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.
		Number			
A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
Staff		6	Per ticket pe	olicy 5.3 (k)	
B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of the	following:
				nonial Role Other C	
			I	nonial Role Other C	
C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
. Verification					Mar 9
I have read and understand Fi with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordanc
Meda	Barbara Garc	ia	Admi	inistrative Director	5/25/2023
Signature of Agency Head or Desig	nee Pr	int Name		Title	(month, day, year)
Comment:					****

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 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 Date of Original Filing: 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 22.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 29 2023 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: . Name of Source 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 6 Number Name of Individual В. 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 C. of Ticket(s)/ (include address and description) Passes

4. Verification	n
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I h∕a∖xe read and understand FPF	PC Regulations 18944.1 and 18942	. I have verified that the distribution set forth	above, is in accordance
with the requirements.		. I have verified that the distribution set forth Administrative Director	
\ L . \ \ \ \ -			
100.10	Barbara Garcia	Administrative Director	5/25/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

A Public Document

	Agency Name				Date Stamp	California 802
	County of Los Angeles					1 Gilli
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Admi	inistrator			Amandment (Must (Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	371170		Amendment (Must F	Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$ _	22.00
	Event Description: Pomona			oto(c) 05	052023	05 , 29 , 2023
	Event Description.	Provide Title/ Exp	lanation	ale(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	No ■ If	no:		
			1.5		Name of Source	
	Was ticket distribution made	at the behest Yes	No ■ IT	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 id	dentify an individu	ual. Use Section C to identi	fy 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		6	Per ticket p	olicy 5.3 (k)	
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes	1	Identify one of the financial Role Other Cking "Ceremonial Role" or "Other" de	Income
				ı	nonial Role Other C	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ie public purpose made pui	rsuant to the agency's policy
ŀ.	Verification I have read and understand FP	PC Regulations 1894	14.1 and 18942.	have verified	that the distribution set f	orth above, is in accordance
	With the requirements.					
	MYKWI	Barbara Ga	rcia	Admi	inistrative Director	5/25/2023
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
	Comment:					

Print

Clear

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

A Public Document

Courty of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Gode/Phone Number 213-974-4111 Date of Original Filling:		Agency Name				ate Stamp (California 802
Amendment (Must Provide Explanation to Part 3.) Board of Supervisor, First District Designated Agency Contact (Name, 7file) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail bgarcia@bos.lacountly.gov Date of Original Filling:							101111
Designated Agency Contact (Name, Title)	Ī	Division, Department, or Regi	on (if applicable)				For Official Use Only
Barbara Garcia, Ticket Administrator Area Code/Phone Number							
Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing:	1	Designated Agency Contact (Name,Title)				
Date of Original Filing:					Am	endment (Must Provide	Explanation in Part 3.)
Function or Event Information Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$				unty.gov	Date of	Original Filing:	nonth, day, year)
Event Description: Pomona Fairplex Pomona Fairplex Pomona Fairplex Pomona Fairplex Pomona Fairplex Provide Titler Explanation Provide Titler Explan		Function or Event Inform	mation				22.00
Ticket(s)/Pass(es) provided by agency? Yes No If no:							22.00
Ticket(s)/Pass(es) provided by agency? Yes No If no:		Event Description: Pomona	Fairplex		oate(s) 05 05	2023 05	29 , 2023
Was ticket distribution made at the behest Yes No 1 If yes: Official's Name (Last, First) 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			Provide Title/ Expi	anation			
Official's Name (Last, First) 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 of Ticket(s)/Passes Staff Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/Passes Ceremonial Role Other Income 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 income in the 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 Passes Number of Ticket(s)/Passes		Ticket(s)/Pass(es) provided	by agency? Yes	∐ No ■ II	Name	of Source	
Number of Ticket(s): B. Name of Individual (Last, First) Number of Ticket(s): Passes Ceremonial Role Other describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s): Passes C. Name of Outside Organization (Include address and description) Number of Ticket(s): Passes C. Name of Outside Organization (Include address and description) Number of Ticket(s): Passes Outside Organization (Include address and description) Number of Ticket(s): Passes Outside Organization (Include address and description) Number of Ticket(s): Passes Outside Organization (Include address and description) Number of Ticket(s): Passes Outside Organization (Include address and description) Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy of Ticket(s): Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy of Ticket(s): Passes			at the behest Yes	□ No ■ If	yes:Official's	Name (Last, First)	No. of the state o
Staff A Per ticket policy 5.3 (k)	•	Use Section A to identify the agen		Number of Ticket(s)/			
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other Income Incom		Staff		4	Per ticket policy 5.3	i (k)	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Number				of Ticket(s)/	Id	entify one of the follow	ing:
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 Passes 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.					\$1500 May 100		
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 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.						ACCUPATION OF THE PARTY OF THE	A SECURE OF SECU
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.				of Ticket(s)/	Describe the public p	ourpose made pursuant	t to the agency's policy
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.							5 The state of the
with the requirements.		Verification					
	•		PPC Regulations 1894	4.1 and 18942.	I have verified that the o	distribution set forth a	above, is in accordant
		The modern and the					

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 22.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex Date(s) _05 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 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 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

		1	
	A STATE OF THE STA		
4. Verif	ication		

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: _____

Clear

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	-	To the latest to	1000	-	777	-				

. Agency Name			Date Stamp	California 802
County of Los Angeles				Form GUZ For Official Use Only
Division, Department, or Region (if applicable)				For Official Ose Offiy
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				Tovido Expiditation III T die o.j
213-974-4111 bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
				(month, day, your)
2. Function or Event Information				22.00
Does the agency have a ticket policy? Yes			Each Ticket/Pass \$ _	
Event Description: Pomona Fairplex	D	ate(s)	052023	05 , 29 , 2023
Provide Title/ Explan	nation			
Ticket(s)/Pass(es) provided by agency? Yes [□ No 🔳 If	no:	Name of Source	
Additional to the Port of the Posterior and the American Company				
Was ticket distribution made at the behest Yes	」No■ "	yes:	Official's Name (Last, First)	
of agency official?				
3. Recipients		***************************************		
• Use Section A to identify the agency's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to ident	ify an outside organization.
	Number			
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	rasses	Per ticket pe	olicy 5.3 (k)	
Stati	4	I or ticket p	Slicy 5.5 (R)	
	<u> </u>			
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/		Identify one of the	following:
(Last, t IIst)	Passes			
			nonial Role Other Other Other Other Other Other Other Other Other	
			3	
		V	nonial Role Other Other Other	National Control of the Control of t
		II checi	ting Ceremonial Role of Other a	escribe below.
C. Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
(include address and description)	Passes	Park Carlotter Service		
(20)				
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 Gard	cia	Admi	inistrative Director	5/25/2023
Signature of Agency Head or Designee P	rint Name		Title	(month, day, year)
Comment:				

A Public Document

. Agency l	Name				Date Stamp	California 802
County of	Los Angeles					roim 00—
Division, D	epartment, or Reg	ion (if applicable)				For Official Use Only
Board of S	Supervisor, First D	istrict				
Designated	Agency Contact (Name, Title)			1	
Barbara G	arcia, Ticket Adm	inistrator			Amendment (Must I	Provide Explanation in Part 3.)
ACCOUNT OF THE PARTY OF THE PAR	Phone Number	E-mail			Amendment (Mast)	Tovide Explanation in Fart 3.)
213-974-4	111	bgarcia@bos.lac	county.gov		Date of Original Filing:	(month, day, year)
2. Function	or Event Infor	mation				20.00
Does the	agency have a tick	ket policy?	es∎ No□ F	ace Value of	Each Ticket/Pass \$ _	22.00
Event Des	cription: Pomona	Fairplex Provide Title/ Ex	splanation	oate(s)	052023	05 , 29 , 2023
Ticket(s)/F	Pass(es) provided			no:	Name of Source	
					Name of Source	
	distribution made y official?	at the behest γ_{ϵ}	es□ No■ ^{If}	yes:	Official's Name (Last, First)	
3. Recipie				the state of the s		
• Use Section	on A to identify the ager	cy's department or unit	. • Use Section B to i	dentify an individu	ual. Use Section C to ident	fy an outside organization.
Α,	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
Staff			4	Per ticket p	olicy 5.3 (k)	
В.	Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role Other C king "Ceremonial Role" or "Other" d	
·					nonial Role Other L king "Ceremonial Role" or "Other" d	
C.	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verificat	ion					
	l and understand FF	PPC Regulations 18	944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
me	JU ST	Barbara G		Adm	inistrative Director	5/25/2023
Signature	of Agency Head or Design	nee	Print Name		Title	(month, day, year)
Commen	t:	\$40.00 D. O.			***	

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	California 802
	For Official Use Only
ent (Must Pr	ovide Explanation in Part 3.)
nal Filing: _	(month, day, year)
Pass \$	22.00
3	05 29 2023
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(Last, First)	
n C to identify	/ an outside organization.
e made purs	suant to the agency's policy
one of the fo	ollowing:
Other	Income
Other Other Other Other	Income In

•	Agency Name				Date Stamp	Form 802
	County of Los Angeles					For Official Use Only
	Division, Department, or Regi					
	Board of Supervisor, First D Designated Agency Contact (- and the		
	Barbara Garcia, Ticket Adm Area Code/Phone Number				Amendment (Mus	t Provide Explanation in Part 3.)
		E-mail			Date of Original Filing	,,
	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Films	(month, day, year)
2.	Function or Event Inform	mation				22.00
	Does the agency have a tick				Each Ticket/Pass \$.	22.00
	Event Description: Pomona	Fairplex	D	ate(s)05	052023	05 , 29 , 2023
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no:	Name of Source	
	Was ticket distribution made	at the hehest Voc.	□ No ■ If	yes:	Official's Name (Last, Firs	
	of agency official?	at the period: 165	_ NO		Official's Name (Last, Firs	et)
						The state of the s
	Recipients					
	Use Section A to identify the agen	cy's department or unit. •		lentify an individu	ual. Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	Staff		4	Per ticket pe	olicy 5.3 (k)	
						
		4 4544044				
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of th	e following:
					nonial Role Other king "Ceremonial Role" or "Other"	
	and the second s	1 - A - A - A - A - A - A - A - A - A -		Ceren	monial Role Other	☐ Income ☐
				4-955-010000000	king "Ceremonial Role" or "Other"	
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne public purpose made p	pursuant to the agency's policy
	(include address and	description)	Passes			
			2500100			
	I n the second of the second o					
				*		
1.	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
	Will the leading lies.	Barbara Gard	sia.	۸ مامه	inistrative Director	EIDEIDOD
	Signature of Agency Head or Design		Print Name	Adm	Title	5/25/2023 (month, day, year)
	ognature of Agency Head or Design	iee P	тик маше		riue	(monun, day, year)
	Comment:					

Print

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

	eremon		Events	and	Ticket/Pass	Distributions	
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		www.		
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
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 Pi	rovide Explanation in Part 3.)
213-974-4111 bgarcia@bos.lacou	ntv aov		Date of Original Filing: .	
210 014 4111 Jugaroid@boo.idoodi		3		(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes ■	■ No 🗆 F	ace Value of I	Each Ticket/Pass \$	22.00
			05 2023	05 , 29 , 2023
Event Description: Pomona Fairplex Provide Title/ Explan	D	ate(s)		
The state of the s		no:		
Honor(o)/1 doo(oo) provided by agoney.		110.	Name of Source	
Was ticket distribution made at the behest Yes	¬ No ■ If	yes:	Official's Name (Last, First)	-
of agency official?			Official's Name (Last, First)	
8. Recipients				
• Use Section A to identify the agency's department or unit. • Use	Use Section B to ic	dentify an individu	ial. Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Staff	4	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			nonial Role Other Carlon Other Carlon "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 pur	suant to the agency's policy
1. Verification				
I have read and understand FPPC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set fo	orth above, is in accordance
With the requirements.		JJ9 1221 No. 1	2 35 50 90 V V	
Barbara Garc	cia	Admi	inistrative Director	5/25/2023
Signature of Agency Head or Designee Pr	rint Name		Title	(month, day, year)
Comment:				

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Agency Name				Date Stamp	California 802
County of Los Angeles	law (f			- 1	For Official Use Only
Division, Department, or Reg					
Board of Supervisor, First D					
Designated Agency Contact					
Barbara Garcia, Ticket Adm				Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail	200 4 (201 2010-2010)		Date of Octobral Fillians	
213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation	0.11000			22.00
Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	22.00
Event Description: Pomona	Fairplex		Date(s)05	05 2023	05 , 29 , 2023
	Provide Litie/ Expla	nation			
Ticket(s)/Pass(es) provided	by agency? Yes [□ No ■ If	no:	Name of Source	
Was ticket distribution made	e at the behest Yes	¬ No.■ If	yes:	Official's Name (Last, First)	
of agency official?	1001		•	Official's Name (Last, First)	
Recipients			1 116 1 11 11 11		
Use Section A to identify the ager	ncy's department or unit.	Number	dentify an individi	ial. Use Section C to Identi	ry an outside organization.
A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
Staff		4	Per ticket p	olicy 5.3 (k)	
B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the	following:
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		of Ticket(s)/	If chec	nonial Role Other	Income escribe below:
	rganization	of Ticket(s)/	If chec	nonial Role Other C king "Ceremonial Role" or "Other" de nonial Role Other C king "Ceremonial Role" or "Other" de	Income escribe below:
C. Name of Outside O (include address and	Prganization d description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If chec	nonial Role Other king "Ceremonial Role" or "Other" de nonial Role Other king "Ceremonial Role" or "Other" de nonial Role Other Other Ching "Ceremonial Role" or "Other" de ne public purpose made pu	Income escribe below: Income escribe below: Income escribe below:
C. Name of Outside O (include address and	Prganization d description)	Number of Ticket(s)/ Passes	Ceren If chec	nonial Role Other king "Ceremonial Role" or "Other" de nonial Role Other king "Ceremonial Role" or "Other" de nonial Role Other Other Ching "Ceremonial Role" or "Other" de ne public purpose made pu	Income escribe below: Income escribe below: Income escribe below:

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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 22.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 29 2023 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No No Name of Source 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 of Ticket(s)/ A. **Passes** Staff Per ticket policy 5.3 (k) 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 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

 Verification	

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distri	ibution set forth above, i	s in accordance
. Oh the requirements				

Barbara Garcia

Administrative Director

5/25/2023

Print Name

(month, day, year)

Print

Clear

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 22.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex Date(s) __05 05 29 2023 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest Yes ☐ No ■ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other Income Ceremonial Role 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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~~-				La	L	vı	

I have read and understand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set fort	h above, is	s in accordance
A. 46a						

Signature of Agency Head or Designee

Barbara Garcia

Print Name

Administrative Director

Title

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

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 22.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 29 2023 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 If no: . Name of Source 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below.

C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's purpose made pursuant to the agency purpose made p	
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's purpose made pursuant to the agency purpose made p	
Number	olicy

Ceremonial Role

4. V	ficat	

I have read and understand FPPC Regulations 18944.1 and 18942. I have	ve verified that the distribution set forth above, is in accordance
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Barbara Garcia Administrative Director Signature of Agency Head or Designee Print Name

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

Other

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

Comment:

Income

3-11-1			
Ceremonial	Role Events	and Ticket/Pass	Distributions

	-			-			
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. Agency Name	Date Stamp California O O
County of Los Angeles	Form OUZ
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisor, First District	
Designated Agency Contact (Name, Title)	
Barbara Garcia, Ticket Administrator	C Amountment (Mark Davids Englanding in Bart 2)
Area Code/Phone Number E-mail	Amendment (Must Provide Explanation in Part 3.)
213-974-4111 bgarcia@bos.lacounty.gov	Date of Original Filing:
2. Function or Event Information	
Does the agency have a ticket policy? Yes ■ No □ Fa	ce Value of Each Ticket/Pass \$
	te(s) 05 , 05 , 2023 05 , 29 , 2023
Provide Title/ Explanation	nie(s)
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If r	Name of Source
	/es: Official's Name (Last, First)
of agency official?	,
3. Recipients	
• Use Section A to identify the agency's department or unit. • Use Section B to ide	entify 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 of Ticket(s)/ (Last, First) Passes	Identify one of the following: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income 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 with the requirements.	have verified that the distribution set forth above, is in accordance
Barbara Garcia	Administrative Director 5/25/2023
Signature of Agency Head or Designee Print Name	Title (month, day, year)
Signature or regardly ricad of Designee Fillit Name	(month, day, year)
Comment:	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	Į.	Nation Not Public Document Nation
1. Agency Name	Date Stamp	California 802
County of Los Angeles		
Division, Department, or Region (if applicable)		For Official Use Only
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	County of Los Angeles				Form OUZ	
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D					
	Designated Agency Contact	Name, Title)	3			
	Barbara Garcia, Ticket Adm				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	•			2
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				00.00
	Does the agency have a ticl	ket policy? Yes	■ No □		Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex Provide Title/ Expla	anation	Date(s)	05 , 2023	05 29 2023
	Ticket(s)/Pass(es) provided		□ No ■	If no:		
					Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■	If yes:	Official's Name (Last, First)	
-	or agency official?					
3.	Recipients					
	Use Section A to identify the ager	cy's department or unit.	_	o identify an individu	ual. Use Section C to ident	ify an outside organization.
	A. 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
	Staff		4	Per ticket p	olicy 5.3 (k)	
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	Ceren	Identify one of the	Income
	·			No. of the state o	nonial Role Other Cking "Ceremonial Role" or "Other" d	
	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 Have read and understand FF	PPC Regulations 1894	4.1 and 1894	2. I have verified	that the distribution set :	forth above, is in accordance
	with the requirements.	Barbara Gar	cia	Adm	inistrative Director	5/25/2023
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	Comment:					

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

Ceremonia	I Role Events	and Ticket/Pass	Distributions	

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. Agency Name			Date Stamp	California QQ2
County of Los Angeles				Form OUZ
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.)
213-974-4111 bgarcia@bos.lacou	ntv aov		Date of Original Filing:	
210 07 1 1111				(month, day, year)
2. Function or Event Information				22.00
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	22.00
Event Description: Pomona Fairplex	_	oto(s) 05	05 2023	05 , 29 , 2023
Provide Title/ Explai	nation	ale(s)		
Ticket(s)/Pass(es) provided by agency? Yes [□ No ■ If	no:	Name of Source	-
Was ticket distribution made at the behest Yes [□ No 🔳 🏻 If	yes:	Official's Name (Last, First)	
of agency official?			pate described y activation and administrative and the patential of the same o	
Decinionts				
RecipientsUse Section A to identify the agency's department or unit.	Usa Saction R to i	dontify an individu	ual • Isa Saction C to ident	ify an outside organization
• Ose Section A to identify the agency's department or unit.	·	T Individu	al. Ose section c to ident	ily an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Staff	4	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
			nonial Role Other Cking "Ceremonial Role" or "Other" d	
		1	nonial Role Other Other Caremonial Role" or "Other" d	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
4. Verification				
	1 and 10010	l have verifical	that the distribution == 1	forth above is in accordance
I have read and understand FPPC Regulations 18944 Vith the fequirements.	. i and 18942.	i nave verified i	ınat ine distribution set	iorui above, is in accordance
Barbara Gard	nia.	۸dmi	nistrative Director	5/25/2023
		Aumi		
Signature of Agency Nead or Designee	rint Name		Title	(month, day, year)
Comment:			www.	

Barbara 22°	gency Name ounty of Los Angeles vision, Department, or Reg oard of Supervisor, First Designated Agency Contact arbara Garcia, Ticket Adm rea Code/Phone Number 13-974-4111 unction or Event Infor oes the agency have a tic vent Description: Pomona	District (Name, Title) ninistrator E-mail bgarcia@bos.lacou mation ket policy? Yes a Fairplex Provide Title/ Explai	■ No□ F		Date Stamp California Form For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Bi De Bi Ar 2' 2' P. F	vision, Department, or Regord of Supervisor, First Designated Agency Contact arbara Garcia, Ticket Admirea Code/Phone Number 13-974-4111 unction or Event Information oes the agency have a tick vent Description: Code(s)/Pass(es) provided	District (Name, Title) ninistrator E-mail bgarcia@bos.lacou mation ket policy? Yes a Fairplex Provide Title/ Explai	■ No□ F		For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year)
B De Ba Ar 2° P. F D	oard of Supervisor, First Designated Agency Contact arbara Garcia, Ticket Admirea Code/Phone Number 13-974-4111 unction or Event Information oes the agency have a ticken Description: Pomona icket(s)/Pass(es) provided	District (Name, Title) ninistrator E-mail bgarcia@bos.lacou mation ket policy? Yes a Fairplex Provide Title/ Explai	■ No□ F		Date of Original Filing:
B: Ar 2'	esignated Agency Contact arbara Garcia, Ticket Adm rea Code/Phone Number 13-974-4111 unction or Event Infor oes the agency have a tic vent Description: Pomona icket(s)/Pass(es) provided	(Name, Title) ninistrator E-mail bgarcia@bos.lacou mation ket policy? Yes A Fairplex	■ No□ F		Date of Original Filing:
2. F D	rearbara Garcia, Ticket Admirea Code/Phone Number 13-974-4111 unction or Event Information oes the agency have a tickent Description: cket(s)/Pass(es) provided	bgarcia@bos.lacou mation ket policy? Yes Fairplex Provide Title/ Explai	■ No□ F		Date of Original Filing:
2. F D	rea Code/Phone Number 13-974-4111 unction or Event Infor oes the agency have a tic vent Description: Pomona	E-mail bgarcia@bos.lacou mation ket policy? Yes la Fairplex Provide Title/ Explai	■ No□ F		Date of Original Filing:
2°. F D	unction or Event Inforoes the agency have a ticket(s)/Pass(es) provided	bgarcia@bos.lacou rmation ket policy? Yes a Fairplex Provide Title/ Explai	■ No□ F		(month, day, year)
2. F D	unction or Event Inforoses the agency have a tickent Description: Pomonaticket(s)/Pass(es) provided	rmation ket policy? Yes a Fairplex Provide Title/ Explai	■ No□ F		(month, day, year)
D E	oes the agency have a tic vent Description: Pomona cket(s)/Pass(es) provided	ket policy? Yes a Fairplex Provide Title/ Explai			20.00
E	vent Description: Pomona	Fairplex Provide Title/ Explai			00.00
E	vent Description: Pomona	Fairplex Provide Title/ Explai			Each Ticket/Pass \$
	cket(s)/Pass(es) provided	Provide Title/ Explai		05	
Ti			notion L	Date(s)	05 , 2023 05 , 29 , 2023
		hy agency? Voc		f no:	
		by agency: 1es [NO ''	1110	Name of Source
W	as ticket distribution made	e at the behest Yes [J No ■ If	f yes:	Official's Name (Last, First)
	of agency official?				Official's Name (Last, First)
	Staff		Passes 4	Per ticket p	policy 5.3 (k)
•	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the following:
			, usses		monial Role Other Incom Incom Ceremonial Role" or "Other" describe below:
-					monial Role Other Incom
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's polic
-					X
i. V	erification		•		
		PPC Regulations 18044	1 and 18942	I have verified	that the distribution set forth above, is in accorda

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Comment: ____

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Print Name

(month, day, year)

A Public Document

. Agency Name			Date Stamp	California 802
County of Los Angeles				rount o d =
Division, Department, or Region (if applicable)	3,535	30 52 3233MG		For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must I	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				•
213-974-4111 bgarcia@bos.I	acounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				22.00
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of I	Each Ticket/Pass \$ _	22.00
Event Description: Pomona Fairplex	D	ate(s) 05	, 05 , 2023	05 , 29 , 2023
Provide Titler	Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳 If	no:	Name of Source	
Mas tisket distribution made at the helpest		yes:		
Was ticket distribution made at the behest of agency official?	Yes ∐ No ■ "	y 00	Official's Name (Last, First)	
or agency official?				
3. Recipients			Marie and the second	
 Use Section A to identify the agency's department or u 	nit. • Use Section B to ic	dentify an individu	al. Use Section C to identi	ıfy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
Staff	4	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	Income
		F. San	nonial Role Other C	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
1. Verification (Υγιανε read and understand FPPC Regulations 1	18944.1 and 18942.	I have verified t	that the distribution set t	forth above, is in accordance
with the requirements.				
Signature of Agency Head or Designee Barbara	Garcia Print Name	Admi	nistrative Director	5/25/2023 (month, day, year)
• Indiana Anna and • Parish				Andreas responses a quantitati di Alia 🗲 🗸 a 🤻 e e e e e e e e e e e e e e e e e e
Comment:			a supplied to the state of the state of	

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 22.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 29 2023 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 4 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number

4. Verification

Comment:

C.

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.				

of Ticket(s)/

Passes

with the requirements.

Barbara Garcia

Administrative Director

5/25/2023

Signature of Agency Head or Designer

Name of Outside Organization

(include address and description)

Print Name

Title

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

(month, day, year)

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

A Public Document

Agency Name		estardatu esta		Date Stamp	California 802
County of Los Angeles					101111 33
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Board of Supervisor, First D					
Designated Agency Contact	(Name, Title)				
Barbara Garcia, Ticket Adm		***		Amendment (Must Pro	ride Explanation in Part 3.)
Area Code/Phone Number	E-mail				
213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation				00.00
Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	22.00
Event Description: Pomona	a Fairplex	D	late(s) 05	05 , 2023	05 , 29 , 2023
	Provide Title/ Expl	anation			
Ticket(s)/Pass(es) provided	by agency? Yes	☐ No ■ If	no:	Name of Source	
Was ticket distribution made	e at the behest voc			Official's Name (Last, First)	
of agency official?	o at the policer 162	□ NO ■		Official's Name (Last, First)	
Recipients					
Use Section A to identify the agentation	ncy's department or unit.		dentify an individu	al. Use Section C to identify a	nn outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
Staff			Per ticket po	olicy 5.3 (k)	
		4		2	
· ·					
B. Name of Ind	lividual	Number of Ticket(s)/		Identify one of the foll	
		OI HCKEUS/			owing:
(Last, Fi	rst)	Passes			owing:
(Last, Fi	rst)			onial Role Other O	Income
(Last, Fi	rst)			onial Role Other Other ing "Ceremonial Role" or "Other" descr	Income
(Last, Fi	rst)		If check	ing "Ceremonial Role" or "Other" descr	Income libe below:
(Last, Fi	rst)		If check		Income libe below:
(Last, Fi	rst)		If check	ing "Ceremonial Role" or "Other" descrionial Role Other	Income libe below:
(Last, Fi		Passes	If check Cerem If check	onial Role Other Other descr	Income libe below:
C. Name of Outside C	Organization	Passes	If check Cerem If check	ing "Ceremonial Role" or "Other" descrionial Role Other	Income libe below:
(Last, Fi	Organization	Number of Ticket(s)/	If check Cerem If check	onial Role Other Other descr	Income ibe below:
(Last, Fi	Organization	Number of Ticket(s)/	If check Cerem If check	onial Role Other Other descr	Income ibe below:
(Last, Fi	Organization	Number of Ticket(s)/	If check Cerem If check	onial Role Other Other descr	Income ibe below:
(Last, Fi	Organization	Number of Ticket(s)/	If check Cerem If check	onial Role Other Other descr	Income ibe below:
(Last, Fi	Organization	Number of Ticket(s)/	If check Cerem If check	onial Role Other Other descr	Income ibe below:
C. Name of Outside C (include address and	Organization d description)	Number of Ticket(s)/	Cerem If check Describe th	ing "Ceremonial Role" or "Other" description	Income ibe below: Income ibe below: ant to the agency's policy
C. Name of Outside C (include address and	Organization d description)	Number of Ticket(s)/ Passes	Cerem If check Describe th	ing "Ceremonial Role" or "Other" description	Income ibe below: Income ibe below: ant to the agency's policy

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A Public Document

. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			☐ Amendment (Must Pi	rovide 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				00.00
Does the agency have a ticket policy? Yes ■	No □ F	ace Value of I	Each Ticket/Pass \$	22.00
Event Description: Pomona Fairplex	D	ate(s)	, 05 , 2023	05 , 29 , 2023
Provide Title/ Explanatio	on			
Ticket(s)/Pass(es) provided by agency? Yes □	No 📕 If	no:	Name of Source	
Was ticket distribution made at the behest Yes □	14	yes:		
of agency official?	No 🔳	,	Official's Name (Last, First)	
or agonoy emotar:				
3. Recipients				
• Use Section A to identify the agency's department or unit. • Use	Section B to ic	dentify an individu	ıal. Use Section C to identify	/ an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
Staff	4	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Coron	Identify one of the fo	
			ionnal Role	
			nonial Role Other cing "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 pur	suant to the agency's policy
	1			-
4. Verification				
I have read and understand FPPC Regulations 18944.1 a	and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
with the requirements.				
Barbara Garcia		Admi	nistrative Director	5/25/2023
Signature of Agency Head or Designee Print N	Name		Title	(month, day, year)
Comment:				

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

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. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
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.laco	unty.gov		Date of Original Filing:	(month, day, year)
. Function or Event Information				22.00
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	22.00
Event Description: Pomona Fairplex	D	ate(s)	, 05 , 2023	05 29 2023
Provide Title/ Expl.				
Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ If	no:	Name of Source	and the state of t
Was ticket distribution made at the behest Yes		yes:		
of agency official?	□ NO ■	2.7.5.	Official's Name (Last, First)	
or agency official:				
3. Recipients				
 Use Section A to identify the agency's department or unit. 	• Use Section B to ic	dentify an individu	ual. Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			rsuant to the agency's policy
Staff		Per ticket pe	olicy 5.3 (k)	
	4			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	Income
			nonial Role Other [king "Ceremonial Role" or "Other" d	
C. Name of Outside Organization (include address and description)	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 FPPC Regulations 1894 With the requirements.	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
Barbara Gar	cia	Admi	inistrative Director	5/25/2023
Signature of Agency Flead or Designee	Print Name		Title	(month, day, year)
Comment:				

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eremonial Role Events and Ticket/Pass Distributions	A Public Document

. Agency Name			Date Stamp	California 802
County of Los Angeles				101111
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amondment (Must P	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Amendment (Musit	Tovide Explanation in Fait 5.)
213-974-4111 bgarcia@bos.lacou	ınty.gov		Date of Original Filing: .	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	22.00
Event Description: Pomona Fairplex	D	ate(s)	, 05 , 2023	05 29 2023
Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [no:		
ricket(s)/r ass(es) provided by agency: 165[□ 140 ■ 11	110.	Name of Source	
Was ticket distribution made at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)	
of agency official?			Official's Name (Last, First)	
3. Recipients			WW.EV.	
 Use Section A to identify the agency's department or unit. 	Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Staff	4	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the financial Role Other Ching "Ceremonial Role" or "Other" de	Income
			nonial Role Other Charles are Considered to the Charles are Considered to the Consideration of the Consideration o	000000000000000000000000000000000000000
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
		AND AND ADDRESS OF		
l. Verification				
Lhave read and understand FPPC Regulations 18944 with the requirements.	1.1 and 18942.	l have verified t	that the distribution set fo	orth above, is in accordance
Barbara Gard	cia	Admi	inistrative Director	5/25/2023
Signature of Agency Need or Designee P	rint Name		Title	(month, day, year)
Comment:			. I se de la company	

A Public Document

	Agency Name				Date Stamp	California 802
	County of Los Angeles					101111
Ī	Division, Department, or Reg	ion (if applicable)	today see		1	For Official Use Only
	Board of Supervisor, First D					
Ī	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm Area Code/Phone Number	inistrator E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
	Function or Event Infor	mation			And the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the section in the section in the section is the section in the se	
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	22.00
	Event Description: Pomona) oto/o) 05	052023	05 , 29 , 2023
	Event Description:	Provide Title/ Expla	nation	Date(s)	-	
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ It	f no:		
					Name of Source	
	Was ticket distribution made	e at the benest Yes	□ No ■ "	f yes:	Official's Name (Last, First)	
	of agency official?					
	Recipients • Use Section A to identify the ager	asu's department or unit.	Usa Sastian Pta i	dontify an individ	ual Also Soction C to identify	an outside organization
	ose section A to identity the ager	icy's department or diffic.	Number	Table 1 Translation	ual. Ose section c to identify	an outside organization.
	A. Name of Agency, Department or Unit		of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		
						dant to the agency o pency
	Staff		Passes		policy 5.3 (k)	dant to the agency o policy
					policy 5.3 (k)	autric and agono, o poncy
			Passes		policy 5.3 (k)	ann to the agone, o policy
		ividual	Passes		oolicy 5.3 (k)	
	Staff B. Name of India	ividual	Passes 4 Number of Ticket(s)/	Per ticket p		llowing:
	Staff B. Name of India	ividual	Passes 4 Number of Ticket(s)/	Per ticket p	Identify one of the fo	Illowing: Income [cribe below:
	Staff B. Name of India	ividual est)	Passes 4 Number of Ticket(s)/	Cerei	Identify one of the formonial Role Other cking "Ceremonial Role" or "Other" descriptions of the companion	Income Cribe below:
	B. Name of Indi (Last, Fir	ividual est)	Passes 4 Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerei	Identify one of the formonial Role Other characteristics of the control of the characteristics of the characteris	Illowing: Income [cribe below: Income [
	Staff B. Name of Indi (Last, Fire) C. Name of Outside O (include address and	ividual est) Organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerel If chec	Identify one of the formonial Role Other O	Income In
	B. Name of Indi (Last, Fir	ividual est) Organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerer If check Describe the state of the st	Identify one of the formonial Role Other O	Income In

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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 22.00 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex Date(s) __05 05 29 2023 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest Yes ☐ No ■ 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 A. Name of Agency, Department or Unit of Ticket(s)/ **Passes** Per ticket policy 5.3 (k) Staff 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square 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 of Ticket(s)/ C. (include address and description) Passes

4.				

I have read and understand FPPC Re	egulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
with the requirements.			
bulled!	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 A Public Document California Date Stamp 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 22.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 29 2023 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 of Ticket(s)/ A. **Passes** Staff Per ticket policy 5.3 (k) 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (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 Describe the public purpose made pursuant to the agency's policy

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C.

I have re	ad and understar	nd FPPC Regulations	18944.1 and 18942	2. I have verified that ti	he distribution set foi	rth above,	is in accordance
With the	requirements. \						
	1 1						

of Ticket(s)/

Passes

with the requirements.			
maxe Min	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Flead or Designee	Print Name	Title	(month, day, ye

Comment:

(include address and description)