Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

1.	Agency Name	NOVEMBER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 305; Vi		Date Stamp	California 802
	County of Los Angeles						Form OUZ
	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 Adm	inistrator				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	213-974-4111	bgarcia@bos	s.lacoun	ty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation	404 JUN 195	224-01			00.00
	Does the agency have a tick	et policy?	Yes 🔳	l No □ l	ace Value of	Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex	tle/ Explana	[Date(s)	05 , 2023	05 29 2023
	Ticket(s)/Pass(es) provided				f no:	Name of Source	
	Was ticket distribution made of agency official?	at the behest	Yes □	No 🔳	f yes:	Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department o	ual. Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Depa	ertment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	B. Name of Indi (Last, Fir			Number of Ticket(s)/ Passes	Ceren	Identify one of the	
					Cerer	king "Ceremonial Role" or "Other" of the state of the sta	☐ Income ☐
		C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	Homeboy Industries			10	Per ticket p	olicy 5.3 (i)	
4.	Verification Have read and understand FF with the requirements. Signature of Agency Flead or Design	Barbai	ra Garcia			that the distribution set inistrative Director	forth above, is in accordance 5/25/2023 (month, day, year)
	Comment:		1.10			-	(

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

1. Agency Name			Date Stamp	California 802						
County of Los Angeles				Form 002						
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			│	Provide Explanation in Part 3.)						
213-974-4111 bgarcia@bos.lacou	inty gov		Date of Original Filing:							
213-374-4111 bgarcia@bos.iacou	mity.gov			(month, day, year)						
2. Function or Event Information	Function or Event Information									
Does the agency have a ticket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$ _	22.00						
		. , , 05	052023	05 , 29 , 2023						
Event Description: Provide Title/ Expla	Event Description: Provide Title/ Explanation Date(s) 05									
		no:	Name of Source							
, , , , , , , , , , , , , , , , , , , ,			Name of Source							
Was ticket distribution made at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First)	A. V. P. C						
of agency official?			Omolar o Hame (East, Firety							
		+								
	Recipients									
Use Section A to identify the agency's department or unit.	ual. Use Section C to ident	ify an outside organization.								
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy						
	Passes									
B. Name of Individual	Number		Identify one of the	following:						
(Last, First)	of Ticket(s)/ Passes		identity one of the	Tollowing.						
	1800 000	Ceren	nonial Role Other	Income						
	1	If chec	king "Ceremonial Role" or "Other" d	escribe below:						
		Ceren	monial Role Other	Income						
			king "Ceremonial Role" or "Other" d							
	Number									
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy						
	Passes									
A New Way of Life	4	Per ticket p	sket policy 5.3 (i)							
	 	ļ								
		4								
			1000							
4. Verification	Verification									
I have read and understand FPPC Regulations 1894	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant									
with the requirements.\										
Barbara Gard	cia	Administrative Director 5/25/2								
Signature of Agency Head or Designee P	Print Name		Title	(month, day, year)						
Comment:										

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name 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 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 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: 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 **Amity Foundation** 4 Per ticket policy 5.3 (i) 4. Verification

I ha	ve read and understand	FPPC Regulations	18944.1 and 189	42. I have verified	that the distribution :	set forth above,	is in accordance
with	the requirements.						

MS MA	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 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 29 2023 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Income Other 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 Just Us 4 Youth 4 Per ticket policy 5.3 (i)

4. Verification

1	I have read and understand	FPPC Regulations	18944.1 and	l 18942. I hav	e verified that the	e distribution set	forth above,	is in accordance
	with the requirements.	3						
V	with the requirements.							

Not the	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _

	eremonial Role Even	its and licketip	ass Distri	butions		Public Document	
۱.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					For Official Use Only	
	Division, Department, or Reg	Since We had any				, 0, 0, 1, 1, 2, 2, 2, 1, 1, 1	
	Board of Supervisor, First D						
	Designated Agency Contact	(Name, Title)					
	Barbara Garcia, Ticket Adm	ninistrator			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)	
2.	Function or Event Infor	mation				22.00	
	Does the agency have a tic	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 Title/ Explai					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no:				Name of Source		
	Maria Calant distribution and di						
	Was ticket distribution made of agency official?	e at the benest Yes [□ No ■ "	yes:	Official's Name (Last, First,		
	or agency official:						
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ribe the public purpose made pursuant to the agency's policy		
	R Name of Ind	lividual	Number		ld-sife fab.	fall and a	
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the	Tollowing:	
					nonial Role Other king "Ceremonial Role" or "Other" o		
					nonial Role Other king "Ceremonial Role" or "Other" o		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
	So Cal Crossroads	·	4	Per ticket p	olicy 5.3 (i)	THE RESIDENCE OF THE PROPERTY	
	Verification						

Print

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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A	ru	I U I	16				CI	L

. 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	100		Amendment (Must	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail			_		
213-974-4111 bgarcia@bos.la	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 E	Each Ticket/Pass \$ _	22.00	
Event Description: Provide Title/	Explanation D	ate(s)/	05 , 2023	05 , 29 , 2023	
		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 u 	al. Use Section C to iden	tify 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			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:	
		1	onial Role Other of the control of t		
			onial Role Other of the control of		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	he public purpose made pursuant to the agency's policy		
Anti-Recidivism Coalition (ARC)	4	Per ticket po	olicy 5.3 (i)		
4. Verification I have read and understand FPPC Regulations 1 with the requirements.	18944.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance	
Barbara	Garcia	Admi	nistrative Director	5/25/2023	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment:					