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 05 29 2023 05 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** 

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If 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
Alisol Flower Shop	6	Per ticket policy 5.3 (i)

A 1	10	wifi.		• i ~	-
4.	A G	rifi	La	uo	ш

Comment: \_

I have read and understand FPPC Regulations	18944.1 and	l 18942. I have	verified that the	distribution set forti	n above,	is in accordance
(with the Covirondonts )						

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 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 🔳 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 A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other  $\Box$ 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 of Ticket(s)/ (include address and description) Passes Alma Family Services 10 Per ticket policy 5.3 (i)

4.					n

I have read and unders	tand FPPC Regulation:	s 18944.1 and	d 18942. I h	ave verified that t	the distribution set	forth above,	is in accordance
I have read and unders	J						

Barbara Garcia

Administrative Director

5/25/2023

Head or Designee

Print Name

(month, day, year)

Comment:

Ceremonial Role Events and Ticket/P	ass Distri	butions		A Public Document				
. Agency Name			Date Stamp	California 802				
County of Los Angeles								
Division, Department, or Region (if applicable)				For Official Use Only				
Board of Supervisor, First District								
Designated Agency Contact (Name, Title)		and the second s	1					
Barbara Garcia, Ticket Administrator			☐ Amendment (Mu	ust Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail	- 10 mm - 10 mm - 10 mm							
213-974-4111 bgarcia@bos.lacou	inty.gov		Date of Original Filing:(month, day, year)					
. Function or Event Information				22.00				
Does the agency have a ticket policy? Yes			Each Ticket/Pass \$	3				
Event Description: Pomona Fairplex	Г	Date(s) 05	, 05 , 202 <del>2</del>	05 , 29 , 2023				
Provide Title/ Expla	nation	zato(0)						
Ticket(s)/Pass(es) provided by agency? Yes	🗌 No 🔳 🏻 If	f no:	Name of Source					
Notes that at distribution mands at the bahast or	If	f yes:						
Was ticket distribution made at the behest Yes of agency official?	_  No ■ ''	yes	Official's Name (Last, Fi	rst)				
or agency officials								
. 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.								
Δ Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made	pursuant to the agency's policy				
A. Name of Agency, Department or Unit	Passes							
				and white the second se				
B. Name of Individual	Number of Ticket(s)/		Identify one of t	he following:				
(Last, First)	Passes							
		1	monial Role  Othe	er Income				
			. <del>.</del>					
	+							
	1		monial Role	er Income er" describe below:				
	Number							
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy				
Armenian National Committee of America We	6	Per ticket p	olicy 5.3 (i)					
The state of the s				A COMMING OF A SAME AS A SAME A SAME AS A SAME A SAM				
4. Verification	•							
I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution s	et forth above, is in accordance				
with the requirements.								
Barbara Gard	inistrative Director	5/25/2023						
Signature of Agericy Head or Designee	Print Name		Title	(month, day, year)				
Commont								
Comment:								

	gency Report of: eremonial Role Even	ts and Ticket/Pa	ass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					, , , , , , , , , , , , , , , , , , , ,
	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	Board of Supervisor, First D	District				
	<b>Designated Agency Contact</b>	(Name,Title)				
	Barbara Garcia, Ticket Adm	ninistrator			☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			7	, round Explanation in , are sy
	213-974-4111	bgarcia@bos.lacour	Date of Original Filing	(month, day, year)		
2.	Function or Event Infor	mation				22.00
	Does the agency have a tic	ket policy? Yes	I No □	Face Value of	Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex	-6	Date(s)	, 05 , 2023	05 , 29 , 202
		Provide Title/ Explan		If no:		
3.	Ticket(s)/Pass(es) provided	by agency? Yes L	] No	II 110	Name of Source	
	Was ticket distribution made	e at the behest Yes [	7 No ■	If yes:	Official's Name (Last, First	
	of agency official?	_			Oπiciai s ivame (Last, First,	)
	Use Section A to identify the age     Name of Agency, Dep	artment or Unit	Jse Section B to  Number of Ticket(s)/ Passes  Number		e public purpose made pu	ursuant to the agency's policy
	B. Name of Inc. (Last, Fi		of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role Other of the Color	
	<u></u>				nonial Role  Other Other  Othe	52474 34444 54440
	C. Name of Outside (		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	Casa Cultural Saybrook		5	Per ticket p	olicy 5.3 (i)	
4.	Verification I have read and understand Fi	PPC Regulations 18944.	1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance

Barbara Garcia

Administrative Director

5/25/2023

(month, day, year)

Comment: \_

Print Name

Ceremonial Role Ever	its and nicke	urass Distri	Dutions		A rubile Documen	
1. Agency Name				Date Stamp	California 802	
County of Los Angeles				]	I-O(III)	
Division, Department, or Reg	gion (if applicable)				For Official Use Only	
Board of Supervisor, First I						
<b>Designated Agency Contact</b>	(Name, Title)					
Barbara Garcia, Ticket Adr	ninistrator			Amendment (M	fust Provide Explanation in Part 3.)	
Area Code/Phone Number	E-mail			1 -		
213-974-4111	bgarcia@bos.la	county.gov		Date of Original Filing:(month, day, year)		
2. Function or Event Info	rmation					
Does the agency have a tic			ace Value of	Each Ticket/Pass \$	\$ 22.00	
	7 5					
Event Description: Pomona	Provide Title/ E	C	Date(s)	05 2022	05 , 29 , 202	
Ticket(s)/Pass(es) provided			f no:			
ricket(s)/r ass(es) provided	a by agency:	es 🔲 140 💼	1110.	Name of Source		
Was ticket distribution mad of agency official?	e at the behest γ	es□ No■ <sup>If</sup>	f yes:	Official's Name (Last, F	=irst)	
3. Recipients  • Use Section A to identify the age	ency's department or uni	t. • Use Section B to i	dentify an individu	ual. Use Section C to id	dentify an outside organization.	
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the agency's policy	
B. Name of Inc	dividual	Number of Ticket(s)/		Identify one of the following:		
(Last, F		Passes	_			
				monial Role Oth	ner L Income her" describe below:	
			1	monial Role Oth	ner Income Income	
C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the agency's policy	
CultivaLA		21	Per ticket p	olicy 5.3 (i)		
4. Verification				W-14- P-17-		
I have read and understand F with the requirements.	PPC Regulations 18	tnat the distribution s	set forth above, is in accordan			
In the KX	Barbara Garcia			Administrative Director 5/25/2023		
Signature of Agency-Head or Designature	Signature of Agency Head or Designee Print Name			Title	(month, day, year,	
100 E E E						
Comment:						

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$\boldsymbol{\Gamma}$		400		$\boldsymbol{-}$	v	v	<b>4</b> I		C		٨

1.	Agency Name			Date Stamp California 802				
	County of Los Angeles				Form OUZ			
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisor, First D	District						
	Designated Agency Contact	(Name, Title)						
	Barbara Garcia, Ticket Adm	ninistrator	Amondment (Most Provide Evelentian in Red 2)					
	Area Code/Phone Number	E-mail	100	Amendment (Must Provide Explanation in Part 3.)				
	213-974-4111	bgarcia@bos.l	acount	ty.gov		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					20.00	
	Does the agency have a tic	ket policy?	Yes 🔳	No □ F	ace Value of	Each Ticket/Pass \$ _	22.00	
	Event Description: Pomona				oto(a) 05	, 05 , 2023	05 , 29 , 202	
	Event Description:	Provide Title/	Explana	tion	Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲	No 🔳	f no:	Name of Source		
	Was ticket distribution made	e at the behest	Yes 🗌	No 🔳	f yes:	Official's Name (Last, First,		
	of agency official?					objecturine (4 content in objectual entitiet, procedure. ■ College (4 to b) #Art is a visit in the fi		
3.	Recipients  • Use Section A to identify the age	ncy's department or u	dentify an individu	ual. Use Section C to ident	tify an outside organization.			
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's p		
	B. Name of Individual			Number of Ticket(s)/		Identify one of the following:		
	(Last, Fi	rst)		Passes		monial Role Other of the control of		
						monial Role  Other    cking "Ceremonial Role" or "Other" or		
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	Danza Azteca			6	Per ticket p	er ticket policy 5.3 (i)		
4.	Verification I have read and understand Fl with the requirements.							
	marke					inistrative Director	5/25/2023	
	Signature of Agency Head or Desig	nee	Prin	nt Name		Title	(month, day, year)	
	Comment:							

1. Agency Name			Date Stamp California 802		
County of Los Angeles				Form 002	
Division, Department, or R	egion (if applicable)				For Official Use Only
Board of Supervisor, First	t District				
Designated Agency Contac					
Barbara Garcia, Ticket Ac	Iministrator	_			
Area Code/Phone Number	E-mail		Amendment (Must	Provide Explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacou	nty gov		Date of Original Filing	
213-974-4111	byarcia@bos.iacou	nty.gov		Date of Original Ching	(month, day, year)
2. Function or Event Info	ormation				
Does the agency have a	ticket policy? Yes [	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	22.00
					05 , 29 , 2023
Event Description: Pomo	na raiipiex	ate(s)	, 05 , 2023	29 202	
	Provide Title/ Explai		no:		
Ticket(s)/Pass(es) provide	ed by agency? Yes [	□ No 🔳 If	no:	Name of Source	
Was ticket distribution ma	ide at the behest. Voc.	¬ No ■ If	yes:	90.000 max	
of agency official?	ide at the beneat 165 [	NO	,	Official's Name (Last, First	)
or agency omeian					
3. Recipients			C		
<ul> <li>Use Section A to identify the a</li> </ul>	gency's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to iden	tify an outside organization.
		Number	1200		
A. Name of Agency, D	epartment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
		Passes			
			***************************************		
B. Name of	ndividual	Number of Ticket(s)/		Identify one of the	e following:
(Last,	First)	Passes			
			Cerem	nonial Role  Other	Income
			If check	king "Ceremonial Role" or "Other"	describe below:
			\$		
			Cerem	nonial Role  Other	Income
				king "Ceremonial Role" or "Other"	
		Number			
C. Name of Outsid (include address		of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
(include address	and description)	Passes			
East Los Angeles Serv	ice Center	6	Per ticket po	olicy 5.3 (i)	
4. Verification				William Control	
	EDDC Regulations 1904	1 1 and 19042	I have verified	that the distribution set	forth above, is in accordance
with the requirements.	TEPO Negulations 10944	r. i aliu 10942.	r nave vermeu	mat the distribution set	TOTAL ADDIVE, 15 III ACCORDANCE
I A MM -	Barbara Gard	ria	Admi	inistrative Director	5/25/2023
			Aum	Title	
Signature of Agency Head or De	signee P	rint Name		ine	(month, day, year)
Comment:					
Comment.					

**A Public Document** 

1. Agency Name		Date Stamp California 80				
County of Los Angeles					101111 000	
Division, Department, or Region	if applicable)			1	For Official Use Only	
Board of Supervisor, First Distri	ct					
Designated Agency Contact (Nam			İ			
Barbara Garcia, Ticket Administ						
Area Code/Phone Number E-n			11 2002 - 12 - 12 - 12	Amendment (Must F	Provide Explanation in Part 3.)	
N	arcia@bos.lacoun	ity gov		Date of Original Filing:		
210-074-4111	arola@boo.laooan	ity.gov			(month, day, year)	
2. Function or Event Informat	ion				00.00	
Does the agency have a ticket p	oolicy? Yes	I No□ F	ace Value of	Each Ticket/Pass \$ _	22.00	
Event Description: Pomona Fai	B		oate(s)	05 , 2023	05 , 29 , 2023	
2.0	Provide Title/ Explana	ation			*	
Ticket(s)/Pass(es) provided by a	agency? Yes □	] No 🔳 If	no:	Name of Source		
		22		Name of Source		
Was ticket distribution made at	the behest, Yes [	No 🔳 🛚	yes:	Official's Name (Last, First)		
of agency official?						
3. Recipients						
<ul> <li>Use Section A to identify the agency's</li> </ul>	department or unit. • U	lse Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
ose section in to identify the agency se	epartment of anna.		nover have a Salaman blocker			
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe th	rsuant to the agency's policy		
		Passes				
	1					
			<b>.</b>	1995 AND 12-28		
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the	following:	
(Last, First)		Passes				
				monial Role Other		
			If chec	king "Ceremonial Role" or "Other" de	escribe below:	
			Cerer	monial Role 🔲 Other 🛭	Income	
			If chec	cking "Ceremonial Role" or "Other" de	escribe below:	
Name of Outside Organ	ization	Number	Describe 41		rought to the agency's policy	
C. Name of Outside Organ	AND AND ADDRESS OF THE PARTY AND ADDRESS OF TH	of Ticket(s)/ Passes	Describe ti	ie public purpose made pu	rsuant to the agency's policy	
Eastmont Community Service	es	6	Per ticket p	olicy 5.3 (i)		
****		***		- was also at was water at		
				ALLONDON TO LOCATION OF THE STATE OF THE STA		
4. Verification	<u></u>	1		n - i n - e i n - e	f(ll	
I have read and understand FPPC with the requirements.	Regulations 18944.	1 and 18942.	I have verified	tnat the distribution set i	oπn above, is in accordance	
Will the regulieries.	Dauber O.	ل_ ۸	desimilate of the Director			
(M) (M)	Barbara Garci	NAME OF THE OWNER O	Adm	ninistrative Director	5/25/2023	
Signature of Agency Head or Designee	Pri	nt Name		Title	(month, day, year)	
Comment:						
Comment.						

Clear

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 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 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Other  $\square$ Income Ceremonial Role 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
	ELA Rising	6	Per ticket policy 5.3 (i)
<del></del>	Verification		

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			
10xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

### Agency Report of:

Ceremonial			and	Ticket/Pass	Distributions	ă.
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١.	Agency Name				Date Stamp	California 802			
	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 (	Name, Title)							
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail		10012200					
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation				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	0	oate(s)	05 , 202	05 , 29 , 202			
	Ti-1	Provide Title/ Expla							
	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:		I M. M. CHARACTER TO THE STREET			
	of agency official?	700			Official's Name (Last, First)				
-		yyy							
3.									
	Use Section A to identify the ager	icy's department or unit.	ual. Use Section C to ident	ify an outside organization.					
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy			
				W (0)					
	B. Name of Ind. (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:			
					nonial Role Other C				
					nonial Role Other	Income			
					king "Ceremonial Role" or "Other" o				
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy			
	In the Making		6	Per ticket p	olicy 5.3 (i)				
4.	Verification								
	I have read and understand FF with the requirements	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	1 ch xx et	Barbara Gar	cia	Adm	inistrative Director	5/25/2023			
	Signature of Agency Head or Design	nee F	Print Name		Title	(month, day, year)			
	Commont								
	Comment:								

Clear

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	e w	~				4111	

I. Agency Name	to the second second	Date Stamp	California 802			
County of Los Angeles			TOIM SSE			
Division, Department, or Region (if applica	ible)		For Official Use Only			
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)						
Barbara Garcia, Ticket Administrator		Amendment (Musi	Provide Explanation in Part 3.)			
Area Code/Phone Number E-mail			, notice Explanation in rail all			
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 Each Ticket/Pass\$.	22.00			
Event Description: Pomona Fairplex	le Title/ Explanation	ate(s) 05 , 05 , 2023	05 , 29 , 2023			
Ticket(s)/Pass(es) provided by agency		No:Name of Source				
Was ticket distribution made at the beh						
of agency official?	res I No	Official's Name (Last, Firs	t)			
· ·						
	Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual					
Use Section A to identify the agency's department	tentily an individual. Ose Section C to iden	tilly an outside organization.				
A. Name of Agency, Department or Un	Number of Ticket(s)/ Passes	Describe the public purpose made p	ursuant to the agency's policy			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the	e following:			
		Ceremonial Role Other  If checking "Ceremonial Role" or "Other"				
		Ceremonial Role Other If checking "Ceremonial Role" or "Other"				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made p	ursuant to the agency's policy			
LA City College	6	Per ticket policy 5.3 (i)				
4. Verification						
I have read and understand FPPC Regulat	ions 18944.1 and 18942.	I have verified that the distribution set	forth above, is in accordance			
	bara Garcia	Administrative Director	5/25/2023			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)			
Comment:			-			

Clear

	Agency Name				Date Stamp	California 802
	County of Los Angeles					Tomi O =
	Division, Department, or Reg	ion (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.laco	unty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				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  Provide Title/ Expl	C	oate(s)	052023	05 29 2023
	Ticket(s)/Pass(es) provided			no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	□ No ■ If	yes:		
	of agency official?			538	Official's Name (Last, First,	)
	p A Committee of the co		<b>4</b> , t			
3.	Recipients	0.0		· · · · · · · · · · · · · · · · · · ·		
	Use Section A to identify the ager	cy's department or unit.		dentify an individu	ual. Use Section C to Ident	ary an outside organization.
	A. 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
	B, Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Fir		Passes			
					monial Role  Other  Oth	
					monial Role Other Other	The same of the sa
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	LCLAA		6	Per ticket p	olicy 5.3 (i)	
4.	Verification	DO Decidette e 100	14.4 and 400.40	I house wards	that the distribution and	forth above in in accordance
	I have read and understand FF with the requirements	PC Regulations 1894	14.1 and 18942.	i nave verified	tnat the distribution set	топп above, is in accordance
	(do L) IA	Barbara Ga	rcia	Δdm	inistrative Director	5/25/2023
	Signature of Agency Head or Design		Print Name	Aum	Title	(month, day, year)
	Signature or gency nead of Design		i initivallic		nuc	(month, day, year)
	Comment:			Di America		

I. Agency Name	Date Stamp California On 2
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.lacounty.gov	Date of Original Filing:
2. Function or Event Information	20.00
Does the agency have a ticket policy? Yes ■ No □	Face Value of Each Ticket/Pass \$
Event Description: Pomona Fairplex	Date(s) 05 , 05 , 2022 05 , 29 , 2022
Event Description: Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No	If no:
Was ticket distribution made at the behest Yes ☐ No	If yes:Official's Name (Last, First)
of agency official?	
3. Recipients	
	B to identify an individual. Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Numb	er er
Pass	
Numb	
B. Name of Individual Numb of Ticke (Last, First) Pass	et(s)/ Identify one of the following:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income
	If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization Of Ticke (include address and description)	et(s)/ Describe the public purpose made pursuant to the agency's policy
Los Angeles Boys & Girls Club 6	Per ticket policy 5.3 (i)
A. Marification	
4. Verification	8942. I have verified that the distribution set forth above, is in accordance
with the requirements.	1942. I Have verilled 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 of rigority freed of Designee Fillit Manie	(month, day, year)
Comment:	

Date Stamp  California Form  Roger  A Public Document						
	Form OUZ  For Official Use Only					
	Ful Official Use Offiy					
mendment (Must Pi	rovide Explanation in Part 3.)					
of Original Filing: .	(month, day, year)					
icket/Pass \$	22.00					
, 2023	05 , 29 , 2022					
e of Source						
l's Name (Last, First)						
e Section C to identif	y an outside organization.					
purpose made pur	suant to the agency's policy					
Identify one of the f	ollowing:					
le Other C	Income					
le Other C	Income					
le Other Connoil Role" or "Other" de	Income C					
le Other Connoil Role" or "Other" de	Income C					
monial Role" or "Other" de	Income C					

. Algono, Italiio			- 1		Form OUZ
County of Los Angeles					Form OUZ For Official Use Only
Division, Department, or Region (if					To omour out only
Board of Supervisor, First District					
Designated Agency Contact (Name,					
Barbara Garcia, Ticket Administra				Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number E-ma				Date of Original Filing:	
213-974-4111 bgai	rcia@bos.lacounty.g	gov		Date of Original Filling.	(month, day, year)
. Function or Event Information	on				22.00
Does the agency have a ticket po	olicy? Yes 🔳 1	No□ F	ace Value of	Each Ticket/Pass \$	22.00
Event Description: Pomona Fairp	olex	Г	late(s) 05	, 05 , 202	05 , 29 , 2022
Event Description.	Provide Title/Explanation	)			
Ticket(s)/Pass(es) provided by ag	gency? Yes ☐ 1	No 🔳 🏻 If	no:	Name of Source	
NA - Aleksa dietaikudien meede et th	a babaat v	٠	yes:		
Was ticket distribution made at the of agency official?	e benest Yes [ ]	No 📰 ''	ycs	Official's Name (Last, First)	
or agency official?					
. Recipients					
<ul> <li>Use Section A to identify the agency's de</li> </ul>	partment or unit. • Use S	ection B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
Δ Name of Agency, Departmen		Number f Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
A. Name of Agency, Departmen		Passes			
·					
B. Name of Individual	o	Number f Ticket(s)/		Identify one of the	following:
(Last, First)		Passes			
				nonial Role  Other  Other  Other  Other	CONTRACTOR STATE
			-		¬ ¬
				nonial Role  Other  Other  Other  Other	55-00/100/01/100/01
		Number			
C. Name of Outside Organiz (include address and description)		f Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
					***
Los Angeles Room & Board		6	Per ticket p	olicy 5.3 (i)	
	1 11 10 10 10				
I. Verification					
I have read and understand FPPC R	Regulations 18944.1 a	nd 18942.	I have verified	that the distribution set i	forth above, is in accordance
with the requirements	3				
( Ch WXXI	Barbara Garcia		Adm	inistrative Director	5/25/2023
Signature of Agency Head or Designee	Print N	lame	-	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 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 ■ 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. 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 Per ticket policy 5.3 (i) Maravilla Service Center 6

A	14	-	:4	: _	_	4:	_		
4.	v	e	П	16	a	ш	O	n	

thave read and under	tand FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth abo	ve, is in accordance
with the readily mente					one of the transfer of the second of the second
with the requirements					

1	NULL	
Sign	ature of Agency Head or Designee	

Barbara	(-arcia	
Dallala	Calla	

Administrative Director

5/25/2023

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 Date of Original Filing: \_ bgarcia@bos.lacounty.gov 213-974-4111 (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? 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 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 Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Income \_\_\_ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other  $\square$ 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 6 Per ticket policy 5.3 (i) Pilipino Workers Center 4. Verification 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 5/25/2023 Administrative Director Barbara Garcia Title (month, day, year) Print Name Signature of Agency Head or Designee

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

Comment: \_

. 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	Provide Explanation in Part 3.)
213-974-4111 bgarcia@bos.laco	ounty gov	Le Company	Date of Original Filing	
213-974-4111 bgarcia@bos.iacc	Junty.gov			(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$ _	22.00
Solid to the state of the state			05 202	05 , 29 , 2022
Event Description: Pomona Fairplex  Provide Title/ Exp	Danation D	ate(s)	/_ 00 / 2045	
		no:		
Tionet(o)/1 ass(cs) provided by agency.	3 HO		Name of Source	
Was ticket distribution made at the behest Yes	s∏ No <b>≣</b> If	yes:	Official's Name (Last, First	11
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 iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pi	ursuant to the agency's policy
	Passes			
			Section (Color Medical Section )	
No. of the state of	Number		14 -66 64	£-11
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	e rollowing:
		Ceren	monial Role  Other	☐ Income ☐
			king "Ceremonial Role" or "Other"	
		1		
		Cores	monial Role  Other	☐ Income ☐
	İ		king "Ceremonial Role" or "Other"	
	Number	Technic Welk Die		
C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
(molade address and accomplish)	Passes			
PUENTE Learning Center	6	Per ticket p	olicy 5.3 (i)	
		<del> </del>		
4. Verification				
I have read and understand FPPC Regulations 189	44.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements.				
Barbara Ga	arcia	Adm	inistrative Director	5/25/2023
Signature of Agency Head of 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 Date(s) -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 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other Income Ceremonial Role 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 **Red Cross** 6 Per ticket policy 5.3 (i)

4.	1//	ויוב	tir		10	n
~~.	W 1	<b>511</b>	110	aı	.10	

Comment:

∕rheve read and understan	id FPPC Regulations	18944.1 and	18942. I nave	verified that the	aistribution set forti	n above, is in	accordance
with the requirements.							
with the reguirements: \							

0:	t (A III Decision

Barbara Garcia

Print

Administrative Director

5/25/2023

Sighature of Agency Head or Designee

Print Name

(month, day, year)

١.	Agency Name				Date Stamp	California 802
	County of Los Angeles			101111		
	Division, Department, or Reg	on (if applicable)		For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (	Name, Title)	1			
	Barbara Garcia, Ticket Adm	inistrator	☐ Amondment (Must 5	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Fant 3.)
	213-974-4111	bgarcia@bos.lacοι	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation	1000			00.00
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	22.00
	Event Description: Pomona		D	ate(s)	, 05 , 2022	05 , 29 , 202
	Ticket(s)/Pass(es) provided			no:		
		, , ,			Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■ <sup>If</sup>	yes:	Official's Name (Last, First)	
3.	Recipients					
υ.	Use Section A to identify the agent	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes			rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	5				nonial Role Other C king "Ceremonial Role" or "Other" de	
					monial Role Other Ciking "Ceremonial Role" or "Other" de	- Application of the second of
	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
	Thai Community Develop	ment Center	6	Per ticket p	olicy 5.3 (i)	
4.	Verification  I have read and understand FF with the requirements	PPC Regulations 1894 Barbara Gar			that the distribution set to	forth above, is in accordance
	Signature of Agency Head of Design		CIA Print Name	Aum	Title	(month, day, year)
	Comment:	100	THILL IVAILIE	9	HUG	(monun, day, year)

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 Date(s) \_\_\_\_\_\_/ 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 A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income \_\_\_

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
The Garage Boardshop		26	Per ticket policy 5.3 (i)

			-		
4.	`\/	OFI	TIC	211	nn
- m	•			au	$\mathbf{o}$

I have read and understand FPPC F	Regulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
with the requirements.			
(MXXI)	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_

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

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 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? 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 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other \_ 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 of Ticket(s)/ C. (include address and description) Passes The Goddess/ Queer Mercados 20 Per ticket policy 5.3 (i) 4. Verification ce

5.10				
	I have read and understand FPP	C Regulations 18944.1 and 18942	. I have verified that the distribution set forth	above, is in accordant
	with the requirements \ \ \ _			
	with the requirements	Barbara Garcia	Administrative Director	5/25/2023
- 1				

Signature of Agency Head or Designee

Comment: \_

Print Name

Title

(month, day, year)

Print

	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (if applicable)	OWN P AND EST		1	For Official Use Only	
	Board of Supervisor, First D	istrict					
	Designated Agency Contact		15 18 2 34 4 4 4 4 4 4		1		
	Barbara Garcia, Ticket Adm						
	Area Code/Phone Number	TE-mail			Amendment (Must	Provide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.lacou	inty gov		Date of Original Filing:		
	210-074-4111	bgarola@boo.lacoo				(month, day, year)	
2.	Function or Event Infor	mation				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	_	oto(s) 05	, 05 , 202 <del>1</del>	05 , 29 , 202	
	Event Description.	Provide Title/ Expla	nation D	ale(3)			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	no:	Name of Source		
					Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No 🔳 II	yes:	Official's Name (Last, First,		
	of agency official?						
3.	Recipients			2.00			
•	Use Section A to identify the ager	ncy's department or unit.	Use Section B to id	dentify an individ	ual. Use Section C to ident	ify an outside organization.	
			Number				
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
			Number				
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the	following:	
	(230),		rasses	Coror	monial Role  Other	Income	
				1	cking "Ceremonial Role" or "Other" of		
			1				
				0	monial Role  Other	Income	
				\$1000 Back	cking "Ceremonial Role" or "Other" o	The state of the s	
			1				
			Number				
	C. Name of Outside C		of Ticket(s)/	Describe the	ibe the public purpose made pursuant to the agency's policy		
			Passes				
	The Wall Las Memorias		6	Per ticket p	oolicy 5.3 (i)		
			+				
			1	,			
-			<u></u>				
4.	Verification			F)	100 100 mm mm mm mm mm mm mm mm mm mm mm mm m	PO MAJO SIN SOLI SC. NO DECIMAL DECIMA	
	I have read and understand FR	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	(with the requirements. A	with the requirements.			simiatrativa Dire-t	EIGEIGOGG	
	MUNY	Barbara Gar		Adm	ninistrative Director	5/25/2023	
	Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)	
	Comment:						
	Common.						

. Agency Name		al .	Date Stamp	California 802		
County of Los Angeles			i <del>t</del>	Tollin 334		
Division, Department, or Region (if applicable)				For Official Use Only		
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)		0.00				
Barbara Garcia, Ticket Administrator			Amendment (Must 6	Provide Explanation in Part 3.)		
Area Code/Phone Number   E-mail	1000		Amendment (Wast)	Tovide Explanation in Furt 6.)		
213-974-4111 bgarcia@bos.lacou	nty.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	Each Ticket/Pass \$ _	22.00		
Event Description: Pomona Fairplex  Provide Title/ Expla	nation	oate(s)	, 05 , 2022	05 , 29 , 202		
		no:	Name of Source			
			Name of Source			
Was ticket distribution made at the behest Yes of agency official?	□ No 🔳 I <sup>T</sup>	yes:	Official's Name (Last, First)			
3. Recipients		000				
and the state of t	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:		
			nonial Role Other C kking "Ceremonial Role" or "Other" de			
			nonial Role  Other  Other  Cking "Ceremonial Role" or "Other" de			
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		
The Wellness Center	26	Per ticket p	olicy 5.3 (i)			
4. Verification  I have read and understand FPPC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance		
	with the requirements			F/0F/0000		
Barbara Gard		Adm	inistrative Director	5/25/2023		
Signature of Agency Head or Designee	rint Name		Title	(month, day, year)		
Comment:						

**A Public Document** 

١.	Agency Name					Date Stamp	California 802
	County of Los Angeles						Form 002
	Division, Department, or Reg	on (if applicable)		For Official Use Only			
	Board of Supervisor, First D	istrict					
	Designated Agency Contact (	Name, Title)		788-05-1			
	Barbara Garcia, Ticket Adm	inistrator	Amendment (Must l	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				Amendment (Mass )	Tovide Explanation III T art 0.)
	213-974-4111	bgarcia@bos	.lacoun	ty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					22.00
	Does the agency have a tick	cet policy?	Yes 🔳	l No □ · F	ace Value of	Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex  Provide Tit.	le/ Explana	D	oate(s)	, 05 , 2022	05 29 2022
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆	No 🔳 If	no:	Name of Source	·
	Was ticket distribution made of agency official?	at the behest	Yes 🗆	l No 🔳 lf	yes:	Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the ager	cy's department or	unit. • U	se Section B to i	dentify 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
	B. Name of Ind (Last, Fir			Number of Ticket(s)/ Passes		Identify one of the	Income
					Ceren	king "Ceremonial Role" or "Other" d	Income
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	Ukrainian Art Center			7	Per ticket p	olicy 5.3 (i)	
4.	Verification I have read and understand FF with the requirements.	===	: 18944.: a Garcia			that the distribution set	forth above, is in accordance 5/25/2023
	Signature of Agency Head or Design			nt Name		Title	(month, day, year)
	Comment:	100	FIII	ic Name		) luc	(month, day, year)

Clear

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 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 ■ 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 Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 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** Veterans Peer Access Network - District 1, 4 6 Per ticket policy 5.3 (i) 4. Verification

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

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

Comment: \_\_

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 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 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. 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 Per ticket policy 5.3 (i) VFW Post 10218 - EL Monte 6 Verification

Lhave read and understa	nd FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth above	e, is in accordance
with the requirements.					
Will Mill Topical Strict Les.					

Barbara Garcia

Administrative Director

5/25/2023

Print Name

Title

(month, day, year)

Comment: \_

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$\overline{}$	u		10	-	CU	8 8 8	

. 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 F	Provide Explanation in Part 3.)					
Area Code/Phone Number E-mail									
213-974-4111 bgarcia@bos.lacou	inty.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	Each Ticket/Pass \$ _	22.00					
Event Description: Provide Title/ Expla	D	oate(s)	, 05 , 202	05 29 2023					
		no:	Name of Source						
, , , , , , , , , , , , , , , , , , , ,									
Was ticket distribution made at the behest Yes of agency official?	□ No 🔳 If	yes:	Official's Name (Last, First)						
s. Recipients									
• Use Section A to identify the agency's department or unit.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.								
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agence		rsuant to the agency's policy					
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						
			nonial Role  Other  Cking "Ceremonial Role" or "Other" d						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ribe the public purpose made pursuant to the agency's policy						
Vision City Terrace	6	Per ticket p	olicy 5.3 (i)						
4. Verification	4.1 and 18042	I have verified	that the distribution set	forth above is in accordance					
with the requirements.  Barbara Gard				5/25/2023					
0100 40	CIA Print Name	Aum	inistrative Director	(month, day, year)					
Signature of Agency nead of Designee	THIL NAME		ilue	(month, day, year)					
Comment:									

Clear

lgency Report of: Ceremonial Role Events and Ticket/F	Pass Distri	butions	A	A Public Document	
. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form 502	
Division, Department, or Region (if applicable)	Division, Department, or Region (if applicable)				
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator			□ A	Buside Fundamentania Bort 2)	
Area Code/Phone Number   E-mail			Amendment (Must	Provide Explanation in Part 3.)	
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	Each Ticket/Pass \$ _	22.00	
Event Description: Pomona Fairplex  Provide Title/ Expl.	anation	oate(s)	05 , 202	05 , 29 , 202	
		no:	Name of Source		
		yes:	Name of Source		
Was ticket distribution made at the behest Yes of agency official?	□ No ■ ''	yes	Official's Name (Last, First	)	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> </ul>	• Use Section B to i	dentify an individu	ual. Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy	
B, Name of Individual	Number		Identify one of the	following:	
(Last, First)	of Ticket(s)/ Passes				
			monial Role  Other Other of the Commonial Role or "Other" of the Commonial Role or "Other" of the Commonial Role or "Other" of the Commonial Role or "Other" of the Commonial Role of the Commonial Ro		
			monial Role Other Other of the Commonial Role or "Other" of the Commonial Role or "Other" of the Commonial Role or "Other" of the Commonial Role of the Co		
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	
W.I.N.T.E.R	6	Per ticket p	olicy 5.3 (i)		
l. Verification  I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
with the requirements.  Barbara Gai	rcia	Adm	inistrative Director	5/25/2023	
Canadara of Asanay Hander Designes	Drink Name		Title	(month day year)	

Signature of Agency Head or Designee

Print Name

(month, day, year)

Comment: \_