Agency Report of: Ceremonial Role E

Seremonial Role Events and Ticket/Pass Distributions	A Public Document				
. Agency Name	Date Stamp	California Form	202		
County of Los Angeles		Form	002		
Division, Department, or Region (if applicable)		For Official U	Jse Only		

١.	County of Las Annales		Form 80					
	County of Los Angeles Division, Department, or Reg	ion (if applicable)			4	For Official Use Only		
	Board of Supervisor, First D				-			
	Designated Agency Contact		1 101 / 107010-5		+			
	Barbara Garcia, Ticket Adm							
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)		
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:(month, day, year)			
2.	Function or Event Infor	mation						
	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 , 202	05 , 29 , 202		
		Provide Title/ Expla	nation	J G. (0)				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:	Name of Source	A PROPERTY OF THE PROPERTY OF		
	Was ticket distribution made	e at the behest Ves		f yes:				
	of agency official?	at the policet 163	LI NO		Official's Name (Last, First)			
- 3.	Recipients							
J.	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		Nitration of the Control	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			
					king "Ceremonial Role" or "Other" d			
				590 10	nonial Role Other Cking "Ceremonial Role" or "Other" de			
	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.	Verification			L				
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set f	forth above, is in accordance		
	JA XXXII	Barbara Gard		Admi	inistrative Director	5/25/2023		
	Signature of Agency Head of Design	ee P	rint Name		Title	(month, day, year)		
	Comment:							

Clear

Print

Agency Report o Ceremonial Role	Events and Ticket	/Pass Distri	butions	А	Public Document
1. Agency Name				Date Stamp	California 802
County of Los Ange	les				Form OUZ
Division, Department	t, or Region (if applicable)				For Official Use Only
Board of Supervisor	, First District				
Designated Agency (Contact (Name, Title)				
Barbara Garcia, Tic	ket Administrator			Amondment (44)	
Area Code/Phone Nu	mber E-mail	1000.00		Amendment (Must F	Provide Explanation in Part 3.)
213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Ever	t Information				
Does the agency ha	ve a ticket policy?	es No DF	ace Value of I	Each Ticket/Pass \$ _	22.00
Event Description:	Pomona Fairplex	C	oate(s)	, 05 , 2022	05 , 29 , 2022
Ticket(s)/Pass(es) n	Provide Title/Exrovided by agency? Ye		no:		
ricket(s)/r ass(es) p	rovided by agency?	es 🗌 No 🔳 If	110.	Name of Source	
Was ticket distribution	on made at the behest Ye		yes:	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
	y the agency's department or unit.	Number			
A. Name of Age	ncy, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
Staff		4	Per ticket po	olicy 5.3 (k)	
B. Na	me of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
		1 43333		onial Role Other ing "Ceremonial Role" or "Other" de	To the second se
				onial Role Other ing "Ceremonial Role" or "Other" de	
	Outside Organization dress and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
-					
4. Verification			l		
	stand FPPC Regulations 189	44.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance
with the requirements.	Barbara Ga	arcia	Admii	nistrative Director	5/25/2023
Signature of Agency Hea		Print Name		Title	(month, day, year)

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Comment: _

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles 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 213-974-4111 bgarcia@bos.lacounty.gov **Date of Original Filing:** (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🗆 Event Description: Pomona Fairplex Date(s) ______/ 05 29 2023 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 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 B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

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4.		0	2.1	**	00		1	n
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C.

1	I have read and understand FPPC Regu with the requirements.	ılations 18944.1 ar.	nd 18942. I have	verified that the d	listribution set forth abov	e is in accordance
1	with the requirements				men menter out forth abov	o, io iii decordanee
V	will the requirents.					

Number

of Ticket(s)/

Passes

with the requirements.	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Name of Outside Organization

(include address and description)

Clear

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

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

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Pomona Fairplex Date(s) _05 2023 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 ■ If 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 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 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** CultivaLA 4 Per ticket policy 5.3 (i) 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.

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)

5/31/2023

(month, day, year)

Administrative Director

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) 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.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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 ■ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes City of El Monte 2 Per ticket policy 5.3 (i)

4	1		- 1				
4.	w	Δ	rı	71	~2	 on	
⊸.	v	C			va	 UII	

Comment:

Lhave read and understand FPP	C Regulations 18944.1 and 18942	2. I have verified that the distribution set forth a	above, is in accordance
with the requirements.	-		
12 12 11 11			
MAXIM	Barbara Garcia	2. I have verified that the distribution set forth a Administrative Director	5/31/2023

Signature	of Agency	Head o	r Designee

Print Name

Title

(month, day, year)

Print

Clear

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	A Public Docume			
1.	Agency Name			Date Stamp	California 802	
	County of Los Angeles					i citti
	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 P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tovido Explanation in Tart 6.)
	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	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 , 2023	05 , 29 , 2023
		Provide Title/ Expla	nation			1. · · · · · · · · · · · · · · · · · · ·
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No ■ I	f no:	Name of Source	
	Was ticket distribution made	at the behest Yes	J No ■ I	f yes:		
	of agency official?	100			Official's Name (Last, First)	
3.	Recipients					
J.		cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identif	v an outside organization
	 Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number 					y arroutsiae organization.
	A. Name of Agency, Depa	ertment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	V 1000				2.000	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(200, 1 11)		Passes	C	anial Bala D	1
				VA-20-815-1-0002	onial Role	
	e)					
				Cerem	onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" des	scribe below:
	C Name of Outside O	leaf a	Number			
	C. Name of Outside Of		of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	NAACP Pomona Valley		8	Per ticket po	blicy 5.3 (i)	
4.	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
	with the requirements.	commence of the second				
	MUXUM	Barbara Garc	ia	Admi	nistrative Director	5/31/2023
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Comment:					

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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

	Division, Department, or Region (if applicable)				1	For Official Use Only
	Board of Supervisor, First D	NOTE OF THE STATE				
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm	inistrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$	22.00
	Event Description: Pomona			Date(s)05		05 , 29 , 2023
	Ticket(s)/Pass(es) provided			If no:		
	Was ticket distribution made of agency official?	e at the behest Yes [□ No ■	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	ortment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	Income
				Cerem	ing "Ceremonial Role" or "Other" description on the Control of the	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
	Volunteers of America		8	Per ticket po	blicy 5.3 (i)	
ı	Verification I have read and understand FPI with the regulirements.	PC Regulations 18944.	1 and 18942.	I have verified to	hat the distribution set for	th above, is in accordance
	Mr which	Barbara Garci	a	Admir	nistrative Director	5/31/2023
-	Signature of Agency Head or Designation		int Name		Title	(month, day, year)

4.	A	er	П	IC	a	u	О	n	

Comment: _

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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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: .. (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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: Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Active SGV Per ticket policy 5.3 (i) 6 4. Verification

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.			
A Coll-	Barbara Garcia	Administrative Director	5/31/2023
Signature of Agency Read or Designee	Print Name	Title	(month, day, year)

Comment: ___

Agency Report of:

County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (month, day, ye) Pomona Fairplex Event Description: Pomona Fairplex 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: of agency official? Official's Name (Last, First)	al Use Only in Part 3.)
Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail	in Part 3.) ear)
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number 213-974-4111 Date of Original Filing:	in Part 3.) ear) 22.00
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number 213-974-4111 Date of Original Filing:	ear) 22.00
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number 213-974-4111 Date of Original Filing:	ear) 22.00
Area Code/Phone Number 213-974-4111	ear) 22.00
Area Code/Phone Number 213-974-4111	22.00
213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing:	22.00
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: Pomona Fairplex 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 (l ast First)	22.00
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: Pomona Fairplex 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:	
Event Description: Pomona Fairplex Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\Dag{No} \) No \(\Dag{No} \) If no: Name of Source Was ticket distribution made at the behest Yes \(\Dag{No} \) No \(\Dag{No} \) If yes:	
Event Description: Pomona Fairplex Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\bar{\text{Name of Source}} \) Was ticket distribution made at the behest Yes \(\bar{\text{No}} \) If yes: \(\bar{\text{Official's Name (l ast First)}} \)	2023
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)	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:	
Was ticket distribution made at the behest Yes □ No ■ If yes:	
Uticial'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 organ	nization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agen	ncy's policy
Passes	
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	
(Last, First) Passes	
Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe below:	
Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe below:	or nessons a
Name of Outside Organization Number Title (A) Describe the public purpose made purpose the public purpose the public purpose made purpose the public public purpose the public public public purpose the public public public public public publ	
C. (include address and description) of Ticket(s)/ Passes Of Ticket(s)/ Passes Describe the public purpose made pursuant to the ager	icy's policy
Alhambra Dream Center 6 Per ticket policy 5.3 (i)	
J. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in	accordance
with the requirements.	
Barbara Garcia Administrative Director 5/3	31/2023
Signature of Agency Head or Designee Print Name Title (more	nth, day, year)
Comment:	

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

A Public Document

. Agency Name			Date Stamp	California 202
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				2.45.aa
213-974-4111 bgarcia@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
. Function or Event Information				
Does the agency have a ticket policy? Yes	s∎ No□ F	ace Value of I	Each Ticket/Pass \$	22.00
Event Description: Pomona Fairplex Provide Title/ Exp.		Date(s)	, 05 , 2023	05 , 29 , 2023
		f no:		
			Name of Source	
Was ticket distribution made at the behest Yes of agency official?	s□ No■ ^{If}	f yes:	Official's Name (Last, First)	
. Recipients				
Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individu	ial. Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	-			-
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
		1	onial Role Other on "Other" de	
		I	nonial Role Other Cing "Ceremonial Role" or "Other" de	The state of the s
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
California Conservation Corps	6	Per ticket po	olicy 5.3 (i)	
V-vi64i				
 Verification I have read and understand FPPC Regulations 1894 with the requirements. 	44.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
Barbara Ga	rcia	Admi	nistrative Director	5/31/2023
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment:	- 01			

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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. 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 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Chinatown Service Center 6 Per ticket policy 5.3 (i)

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i nave read and dinderstand Fr	TO Regulations 10944. Land 10942	. I nave verilled trial the distribution set forth	i apove. Is in accordance
with the requirements.			,
	Barbara Garcia	Administrative Director	5/31/2023

Signature of Agency Head or Designee Print Name Title

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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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 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 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square 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
Delta Theta Sigma Inc.	6	Per ticket policy 5.3 (i)
Verification		

4. verification

I have read and understand FPPC I with the requirements.	Regulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
(d. Disa:	Barbara Garcia	Administrative Director	5/31/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

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

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١.	Agency Name				Date Stamp	California Q02
	County of Los Angeles					Form OUZ
	Division, Department, or Regi	on (if applicable)	***************************************		1	For Official Use Only
	Board of Supervisor, First Di	istrict				
	Designated Agency Contact (Name, Title)			1	
	Barbara Garcia, Ticket Admi	nistrator			Amandmant (16)	Provide Explanation in Part 3.)
		E-mail			Amendment (Must F	rovide Explanation in Part 3.)
· · · · · · · · · · · · · · · · · · ·	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation		M. 5200		20.00
	Does the agency have a tick	et policy? Yes			Each Ticket/Pass \$ _	22.00
	Event Description: Pomona	Fairplex Provide Title/ Expla	D	oate(s)	, 05 , 2023	05 , 29 , 2023
	Ticket(s)/Pass(es) provided I	by agency? Yes I	□ 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?				Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agence	cy's department or unit. •		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
	B. Name of India		Number of Ticket(s)/		Identify one of the	following:
	(Last, Firs	st)	Passes	0	nonial Role Other D	Income
			٠	1	king "Ceremonial Role" or "Other" de	
					nonial Role Other C	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Diamond Bar Evergreen S	enior Club	6	Per ticket po	olicy 5.3 (i)	
4.	Verification I have read and understand FPI	PC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
	with the requirements.	Barbara Gard	cia	Admi	inistrative Director	5/31/2023
	Signature of Agency Head or Designation	ee P	rint Name		Title	(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.) E-mail Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov **Date of Original Filing:** (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number

- 4						
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Comment:

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vith the requirements.	
with the requirements.	accordance

Per ticket policy 5.3 (i)

12 DIA	Barbara Garcia	Administrative Director	
Signature of Agendy Head or Designee	Print Name	Title	_

of Ticket(s)/

Passes

6

Print

Name of Outside Organization

(include address and description)

Clear

FPPC Form 802 (2/2016)

5/31/2023 (month, day, year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) 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.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. 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 If no: . 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes East San Gabriel Valley Japanese Community 6 Per ticket policy 5.3 (i)

4. Verification

Comment:

have read and understand FF with the regultements:	PPC Regulations 18944.1 and 18942	2. I have verified that the distribution set forth a	above, is in accordance
with the requirements:	Barbara Garcia	Administrative Director	5/31/2023

V	N		
V	Signature	of Agency F	lead or Designee

Print Name

(month, day, year)

Print

Clear

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ -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: 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 Number Name of Individual В. 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 of Ticket(s)/ (include address and description) **Passes** El Proyecto del Barrio 6 Per ticket policy 5.3 (i) Verification

I have read and understand FPPC Regulations 1	18944.1 and 18942. I f	have verified that the distribu	tion set forth above,	is in accordance
with the requirements.				

J. ON!

Comment: _

Barbara Garcia

Administrative Director

5/31/2023

Signature of Agency Head or Designee

Print Name

Title

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 🔳 If no: 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 A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other \square 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 C. of Ticket(s)/ (include address and description) **Passes** Gods Pantry 6 Per ticket policy 5.3 (i) Verification

i nave read and understand FPPC Regulations	18944. Land 18	942. I nave verilled t	ınal ine distribution sel fort	in above, is in accordance
with the requirements.				

viai ine requirements.

Comment: _

Barbara Garcia

Administrative Director

5/31/2023

Signature of Agency Head or Designee

Print Name

Title

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 213-974-4111 **Date of Original Filing:** bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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: 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 Ceremonial Role Other \square 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Just Us 4 Youth 6 Per ticket policy 5.3 (i)

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Comment: _

i nave read and understand FPPC Regulations 189	14.1 and 18942. I navi	e verified that the distribution	set forth above, i	s in accordance
with the requirements,				

Barbara Garcia

Administrative Director

5/31/2023

Signature of Agency Head or Designee

Print Name

A C 1.

	,							
3	eren	nonia	Role	Events	and	Ticket/Pass	Distributions	

Agency Name		Date Stamp	California OOO		
County of Los Angeles		55	Form 802		
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
Board of Supervisor, First D	istrict				
Designated Agency Contact	(Name, Title)				
Barbara Garcia, Ticket Adm	inistrator				
Area Code/Phone Number	E-mail		0 - 0	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 Infor	mation			and the stay on the fire at the stay of the state of the state of the stay of	22.00
Does the agency have a tick		■ No □ F	ace Value of	Each Ticket/Pass \$ _	22.00
Event Description: Pomona	Fairplex	Г	Date(s) 05	052023	05 , 29 , 2023
	Provide Title/ Expla	anation	2 0.10 (0)		
Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:	Name of Source	
Mos tisket distribution model	at the believed		f.voc:		
Was ticket distribution made	e at the benest Yes	□ No ■ ¹	f yes:	Official's Name (Last, First)	
of agency official?					
Recipients					
Use Section A to identify the agen	cy's department or unit.		identify an individu	ual. Use Section C to ident	ify an outside organization.
A. Name of Agency, Depa	-4411-14	Number			
	irtment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	artment or Unit	The state of the s	Describe th	e public purpose made pu	rsuant to the agency's policy
	irtment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	irtment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	irtment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
B. Name of Indi	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pu	
B. Name of Indi (Last, Fir.	vidual	of Ticket(s)/ Passes		Identify one of the	following:
	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Ceren	Identify one of the	following:
	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Ceren	Identify one of the	following:
	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other cing "Ceremonial Role" or "Other" d	following: Income escribe below:
	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other Cing "Ceremonial Role" or "Other" donnial Role Other Connial Role Other Connial Role	following: Income [escribe below:
	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other cing "Ceremonial Role" or "Other" d	following: Income [escribe below:
(Last, Fir.	vidual st)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check	Identify one of the nonial Role Other Cing "Ceremonial Role" or "Other" donnial Role Other Connial Role Other Connial Role	following: Income [escribe below:
	vidual st) rganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check	Identify one of the nonial Role Other can design "Geremonial Role" or "Other" design "Geremonial Role Other" design "Geremonial Role" or "Other" or "Other" or "Other" design "Geremonial Role" or "Other" or "Other" or "Other" or "Other" or "Other"	following: Income [escribe below:
C Name of Outside O	vidual st) rganization	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check	Identify one of the nonial Role Other can design "Geremonial Role" or "Other" design "Geremonial Role Other" design "Geremonial Role" or "Other" or "Other" or "Other" design "Geremonial Role" or "Other" or "Other" or "Other" or "Other" or "Other"	following: Income [escribe below: Income [
C Name of Outside O	vidual st) rganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check	Identify one of the nonial Role Other cing "Ceremonial Role" or "Other" dinonial Role Other cing "Ceremonial Role" or "Other" diving "Ceremonial Role" or "Ceremon	following: Income [escribe below: Income [
C. Name of Outside O	vidual st) rganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check Cerem If check Describe th	Identify one of the nonial Role Other cing "Ceremonial Role" or "Other" dinonial Role Other cing "Ceremonial Role" or "Other" diving "Ceremonial Role" or "Ceremon	following: Income [escribe below: Income [
C. Name of Outside O	vidual st) rganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check Cerem If check Describe th	Identify one of the nonial Role Other cing "Ceremonial Role" or "Other" dinonial Role Other cing "Ceremonial Role" or "Other" diving "Ceremonial Role" or "Ceremon	following: Income escribe below: Income escribe below:

4.	V	e	ri	fi	C	aí	ŀi	0	n
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Comment: _

i nave read and uniquestand FPPC Regulations	18944. I and 18942. I nave	verified that the distribution set forti	n above, is in accordance
with the requirements.			

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_	Sign	nature of Age	ency Head or Designee

Barbara Garcia

Administrative Director

5/31/2023

Print Name

(month, day, year)

Print

Clear

Agency Report of: Ceremonial Role E	vents and Ticket	/Pass Distr	ibutions	Α	Public Document
Agency Name County of Los Angeles				Date Stamp	California 802
Division, Department, or		4-77-4-194			For Official Use Only
Board of Supervisor, F Designated Agency Cor					
Barbara Garcia, Ticket Area Code/Phone Numb				Amendment (Must Pi	rovide Explanation in Part 3.)
	N				
213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing: .	(month, day, year)
2. Function or Event I	nformation	2 200000			00.00
Does the agency have	a ticket policy? Ye			Each Ticket/Pass \$	22.00
Event Description: Por	nona Fairplex		Date(s)05	, 05 , 2023	05 _ 29 _ 2023
Ticket(s)/Pass(es) prov	Provide Title/ Expirided by agency?		f no:		
	2 2. 5			Name of Source	
Was ticket distribution of agency official?	made at the behest Ye	s□ No∎ ^l	f yes:	Official's Name (Last, First)	
RecipientsUse Section A to identify th	e agency's department or unit.		dentify an individu	ial. Use Section C to identify	an outside organization.
A. Name of Agency	, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	of Individual st, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			The second secon	onial Role Other Initial Control of the Control of	Income C
				onial Role Other ing "Ceremonial Role" or "Other" desi	Income C
	ide Organization as and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Montebello Commerc	e YMCA	6	Per ticket po	olicy 5.3 (i)	
1. Verification I have read and understar (with the requirements.	nd FPPC Regulations 189	14.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordanc
M DOLL	Barbara Ga	rcia	Admii	nistrative Director	5/31/2023
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 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 213-974-4111 Date of Original Filing: bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. 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 ■ 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 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (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 of Ticket(s)/ (include address and description) **Passes** NAACP SGV 6 Per ticket policy 5.3 (i)

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Comment: _

I have read and understand	FPPC Regulations 1	8944.1 and 18942.	I have verified that the	distribution set forth above	. is in accordance
with the requirements.					, , , , , , , , , , , , , , , , , , , ,
militare regularerrights.					

Barbara Garcia

Administrative Director

5/31/2023

signature of Agency Head or Designee

Print Name

(month, day, year)

. Agency Name			Date Stamp California 802
County of Los Angelo	es		Form OUZ
Division, Department,	or Region (if applicable)		For Official Use Only
Board of Supervisor,	First District		
Designated Agency C	ontact (Name, Title)		
Barbara Garcia, Tick	et Administrator		Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Nur	nber E-mail		Amendment (Musit Forder Explanation III Fait 5.)
213-974-4111	bgarcia@bos.lac	county.gov	Date of Original Filing:(month, day, year)
. Function or Event	Information		22.00
Does the agency have	ve a ticket policy? Ye	es 📕 No 🔲 🛭 F	ace Value of Each Ticket/Pass \$
Event Description: P	omona Fairplex		Pate(s) 05 , 05 , 2023 05 , 29 , 2023
	Provide Title/ Ex		
Ticket(s)/Pass(es) pr	ovided by agency? Ye	es 🗌 No 🔳 📗	Name of Source
Was ticket distributio	n made at the behest Ye	es⊟ No∎ I	yes:Official's Name (Last, First)
of agency official?			Official's Name (Last, First)
A. Name of Ager	ncy, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
The state of the s	ne 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 Income If checking "Ceremonial Role" or "Other" describe below:
Name of O	utside Organization ress and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Comment: _

ive read and understa	and FPPC K	Regulations 18	144.1 and	d 18942. I	have verified	that the	distribution s	set forth above	is in accordance
the requirements.	//	3							, ie iii accoraanee
nthe requirements.	/ \								

Barbara Garcia

Administrative Director

5/31/2023

Print Name

Agency Report of:

Ceremonial Role Ever	ts and Ticket/Pass Distributions	AF	Public Document
1. Agency Name		Date Stamp	California 802
County of Los Angeles			Form OUZ
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only
Board of Supervisor, First D	District		
Designated Agency Contact	(Name, Title)	1	
Barbara Garcia, Ticket Adm	ninistrator	Amendment (Must Pro	Vide Explanation in Part 3.)
Area Code/Phone Number	E-mail		vido Explanation in 1 die o.,
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation		

	County of Los Angeles					For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Ose Offig
	Board of Supervisor, First D	istrict				
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				eart transport (transport Phase Actions are citizened at the control of the contr
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (2 0 W	den and it is the section of the sec	22.22
	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 , 2023	05 , 29 , 2023
		Provide Title/ Expla	anation	Juio (0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:	Name of Source	
	Was ticket distribution made	at the behest Vos	□ No ■ I	f yes:		
	of agency official?	at the policet. 162	□ NO ■		Official's Name (Last, First)	
_	Desirients	///				
3.	Recipients • Use Section A to identify the agen	ocy's department or unit	Lise Section B to i	dentify an individu	ual Alsa Saction C to identify	van outside organization
	Ose Section A to identify the agen	icy's department of unit.	Number	dentity an individu	iai. Ose section c to identify	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other Other in Other des	
				9,000 9600000000	nonial Role Other of the Country of	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Pomona Economic Oppor	tunity Center	6	Per ticket po	olicy 5.3 (i)	
4.	Verification I have read and understand FP	PPC Regulations 1894	4 1 and 18942	I have verified t	that the distribution set fo	urth ahove is in accordance
	with the requirements.					an above, is in accordance
	MAN DEST	Barbara Gard	50/4907/8	Admi	nistrative Director	5/31/2023
	Signature of Agency Head or Design	nee F	Print Name		Title	(month, day, year)

LARICH'	Barbara Garcia	Administrative Director	5/31/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

Agency Report of: Ceremonial Role Eve	nts and Ticket/F	Pass Distr	ibutions	A	Public Document
1. Agency Name			***************************************	Date Stamp	California 802
County of Los Angeles					101111
Division, Department, or Re	egion (if applicable)		0000 10 0000 0000 0000 0000 0000 0000	1	For Official Use Only
Board of Supervisor, First	District	20 CONTRACTOR (CONTRACTOR CONTRACTOR CONTRAC			
Designated Agency Contac	t (Name, Title)				
Barbara Garcia, Ticket Ad	ministrator			Amendment /Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Amendment (wastr	Tovide Explanation III Falt 3.)
213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation		The first section of the first		
Does the agency have a t	cket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	22.00
Event Description: Pomor			Date(s)	, 05 , 2023	05 , 29 , 2023
Event Description.	Provide Title/ Expla	nation	Jale(5)		
Ticket(s)/Pass(es) provide	d by agency? Yes	□ No ■ I	f no:		
VA7== 40=14 -10-4.21-40	T	1	fvoor	Name of Source	
Was ticket distribution made of agency official?	de at the benest Yes	□ No ■	f yes:	Official's Name (Last, First)	
or agency official:					
Recipients Use Section A to identify the ag A. Name of Agency, De		Use Section B to i			y an outside organization.
B. Name of Ir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				nonial Role Other Cing "Ceremonial Role" or "Other" des	
				nonial Role Other Cing "Ceremonial Role" or "Other" des	
C. Name of Outside (include address a		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Potrero Heights Service	Center	6	Per ticket po	blicy 5.3 (i)	
. Verification I have read and understand F	FPPC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordanc
with the requirements.					
INDA	Barbara Gard	578557	Admi	nistrative Director	5/31/2023
Signature of Agency Head or Desi	gnee P	rint Name		Title	(month, day, year)

Print

Comment: ___

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 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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Rowland Heights Womens Club 6 Per ticket policy 5.3 (i)

4	W	Or	4	cat	 m
⊸.	v	CII		vai	 ,,,

Comment: _

ı nave read and under	stana FPPC Regulations	: 18944.1 and 18942. I ha	ave verified that the distributi	ion set forth above, is	in accordance
with the requirements.	11				

In Dely	Barbara Garcia	Administrative Dir
Signature of Agency Head or Designee	Print Name	Title

Administrative Director 5/31/2023

Signature of Agency Head or Designee Print Name Title (month, day, year)

Print

Clear

Agency Report of: Ceremonial Role Ever	nts and Ticket/F	Pass Distri	butions	A	N Public Docume
1. Agency Name			i	Date Stamp	California O O
County of Los Angeles					Form OU
Division, Department, or Reg	gion (if applicable)				For Official Use Only
Board of Supervisor, First I	District				
Designated Agency Contact					
Barbara Garcia, Ticket Adn	ninistrator		-	—	
Area Code/Phone Number	E-mail			Amendment (Must i	Provide Explanation in Part 3.)
213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a tic	ket policy? Yes	■ No□ Fa	ace Value of E	ach Ticket/Pass \$ _	22.00
Event Description: Pomona		A Commence of the Commence of	ate(s)	05 , 2023	05 , 29 , 2023
Event Description:	Provide Title/ Expla	anation	ate(s)/_		
Ticket(s)/Pass(es) provided			no:		
				Name of Source	
Was ticket distribution mad of agency official?	e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the age A. Name of Agency, Dep	water the property of	Number of Ticket(s)/Passes			ify an outside organization.
B. Name of Inc. (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	
				onial Role	
		Number	\$100 miles	onial Role Other Ding "Ceremonial Role" or "Other" do	National Property and Company of the
C. Name of Outside Conclude address an		of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy

4. Verification

Comment:

I have read and understand I	FPPC Regulations 1894	1.1 and 18942. I hav	e verified that the distribution	set forth above, is in accordance
with the requirements	g			set forth above, is in accordance
mining ine geganion of the				

6

Per ticket policy 5.3 (i)

A GALLANDING TO THE STATE OF TH	Barbara Garcia	Administrative Director	5/31/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

San Gabriel Valley Conservation Corps

Clear

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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. 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 ■ If yes: . 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: 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.

C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Gabriel Valley Service Center	6	Per ticket policy 5.3 (i)

4.		_	rı	*:	~~	 ^	n
 -	·v	•			-a	u	

⊥have read and إ	understand FPP	C Regulations 1	18944.1 and	18942. I ha	ve verified that t	he distribution s	et forth above.	is in accordance
with the nequiren	ents.	-						

1,464	Barbara Garcia	Administrative Director	5/31/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Clear

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.) E-mail 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy 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 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Servants Arms 6 Per ticket policy 5.3 (i) 4. Verification

1	I have read and understand FPP	'C Regulations 18944.	1 and 18942	. I have verified th	hat the distribution s	et forth above.	is in accordance
1	with the requirements.					,	
//	with the require the bits.						

d. d. VII.

Comment:

Barbara Garcia

Administrative Director

5/31/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Print

Clear

Agency Report of:

	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					
	Division, Department, or Reg					For Official Use Only
	Board of Supervisor, First D Designated Agency Contact					
	The second secon	5 0.000				
	Barbara Garcia, Ticket Administrator Area Code/Phone Number			Amendment (Must P	rovide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation		*************************		
	Does the agency have a ticl	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	22.00
	Event Description: Pomona			Data(a) 05	05 _ 2023	05 , 29 , 2023
	Event Description.	Provide Title/ Expla	nation	Jale(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ □	f no:	Name of Source	
	Was ticket distribution made	at the beheet v	1	f yes:	Name of Source	
	of agency official?	e at the beliest Yes [_l No ■ '	1 you	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. •	Use Section B to	identify 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
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	<u> </u>				nonial Role Other Cing "Ceremonial Role" or "Other" des	
				1999 1999	nonial Role Other cing "Ceremonial Role" or "Other" des	
	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
	Spiritt Family Services		6	Per ticket po	olicy 5.3 (i)	
4.	Verification I have read and understand FP with the requirements. Signature of Agency Head or Design	Barbara Garc			hat the distribution set fo	5/31/2023
	- Signature of Agency nead or Design	ice Pi	пц матте		ride	(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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes No 🗆 Event Description: Pomona Fairplex Date(s) 05 2023 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 ■ 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 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below:

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4.	M		4	10	28	10	n
⊸.	·	CI			αı	ıv	

Comment:

have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distributio	n set forth above, is in accordance
vith the requirements.			

Number

of Ticket(s)/

Passes

6

VIII	tne reg	uirem	ents.	
1	6	1/	1	
$^{\prime}$ $^{\prime}$		A//	13	

Barbara Garcia

Administrative Director

Per ticket policy 5.3 (i)

5/31/2023

Signature of Agency Head or Designee

The Kennedy Austin Foundation

Name of Outside Organization

(include address and description)

Print Name

Title

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

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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: .. (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Pomona Fairplex 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 ■ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual 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 \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes The Pomona Pride Center 6 Per ticket policy 5.3 (i)

4.	Vei	'iti	Ca	tin	n
			vu		

Comment:

			FPPC F	Regulations	18944.1	and 18942.	I have	verified that	the	distribution	set forth	above,	is in	accordance	ce
with the	reauirei	ments. 🔨													

Didi M	Barbara Garcia	Administrative Director	5/31/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year,

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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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: 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)/ (include address and description) Passes Tzu Chi Education Foundation 6 Per ticket policy 5.3 (i)

4. Verification

Comment:

I have read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth	n above, is in accordance
with the requirements.				
with the requirements.	Barbara	Garcia	Administrative Director	5/31/2023

1		V		V	_		
5	Sign	ature	of Ager	псу Не	ad or	Designee	

Barbara Garcia

Print

Administrative Director

5/31/2023

Print Name

Title

(month, day, year)

Clear

Agency Report of: Ceremonial Role E 1. Agency Name

nonial Role Events and Ticket/Pass Distributions	A Public Document

I. Agency Name			Date Stamp	California OOO				
County of Los Angeles				Form OUZ				
Division, Department, or Region (if applicable)		2 2 88.50		For Official Use Only				
Board of Supervisor, First District	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.la	county gov		Date of Original Filings	6				
210-014-4111 bgarcia@bos.la	county.gov	7	Date of Original Filling.	(month, day, year)				
2. Function or Event Information								
Does the agency have a ticket policy?	es∎ No□ F	ace Value of I	Each Ticket/Pass \$ _	22.00				
				05 , 29 , 2023				
Event Description: Provide Title/ E	Evaluation	Date(s)	05 2023					
		f no:						
rioket(3)/1 ass(cs) provided by agency:	es 🔲 NO 🔳	1110.	Name of Source					
Was ticket distribution made at the behest y	es□ No■ I	f yes:	Official's Name (Last, First)					
of agency official?	00 L 110 L		Official's Name (Last, First)					
3. Recipients								
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.								
A Name of Agency, Department or Unit	Number	Describe th	o public purpose mode au					
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's po					
			s and the second se					
		 						
	Number	(Alterial Company						
B. Name of Individual (Last, First)	of Ticket(s)/		Identify one of the	following:				
(Last, First)	Passes							
			ionial Role Other Other Other Other					
		l dreck	ing determinantions of other di	escribe below.				
·								
			onial Role Other					
		If check	ing "Ceremonial Role" or "Other" de	escribe below:				
C. Name of Outside Organization	Number of Ticket(a)/	Describe the	nublic nurness made nu	rought to the agency's policy				
(include address and description)	of Ticket(s)/ Passes	Describe the	he public purpose made pursuant to the agency's policy					
Water Outer at Water								
Victory Outreach West Covina	6	Per ticket po	policy 5.3 (i)					
. Verification								
	0444							
I have read and understand FPPC Regulations 18: with the requirements.	944.1 and 18942.	I nave verified t	hat the distribution set f	orth above, is in accordance				
/								
Barbara G		Admii	nistrative Director	5/31/2023				
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)				
Comment:								
Oshiment.			- W VIII					

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Clear

Agency Report of: Ceremonial Role Eve	nts and Ticket/F	Pass Distr	ibutions	А	Public Document
1. Agency Name		····		Date Stamp	
County of Los Angeles					Form 802
Division, Department, or Re	gion (if applicable)				For Official Use Only
Board of Supervisor, First	District				
Designated Agency Contact	: (Name,Title)	1			
Barbara Garcia, Ticket Adr	ministrator				
Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a tid	cket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	22.00
	a Fairplex		Date(s)05		05 , 29 , 2023
Event Description:	Provide Title/ Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:		
				Name of Source	
Was ticket distribution mad of agency official?	e at the behest Yes	□ No ■ ¹	f yes:	Official's Name (Last, First)	
A. Name of Agency, Dep		Number of Ticket(s)/ Passes		ual. Use Section C to identify	
B. Name of Inc. (Last, F.		Number of Ticket(s)/ Passes		Identify one of the fo	
			100000000000000000000000000000000000000	nonial Role	Income
				nonial Role Other Other descriptions of the control	Income Income
	C. Name of Outside Organization (include address and description)			e public purpose made purs	uant to the agency's policy
YWCA San Gabriel Valle	у	6	Per ticket po	olicy 5.3 (i)	
I have read and understand Figure 1. I have read and understand Figure 1.	PPC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
with the requirements					
Signature of Agency Head or Design	Barbara Gard		Aami	nistrative Director	5/31/2023
organization of Agency Fleatron Desig	нос Р	rint Name		Title	(month, day, year)

Comment: _

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	Pass Distr	ibutions	Α	Public Document		
١.	Agency Name				Date Stamp	California 802		
	County of Los Angeles			The state of the s				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	Board of Supervisor, First D							
	Designated Agency Contact	(Name, Title)						
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	213-974-4111	bgarcia@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	22.00		
	Event Description: Pomona	Fairplex	г	Date(s)	, 05 , 2023	05 , 29 , 2023		
	Event Description.	Provide Title/ Expla	nation	Date(s)				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:	Name of Source			
	Was ticket distribution made	at the beheat v	1	f yes:	Name of Source			
	of agency official?	at the benest Yes	□ No ■	i yes	Official's Name (Last, First)			
	or agency emolar:							
	Recipients							
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy		
		-10	Passes			, , , , , , , , , , , , , , , , , , , ,		
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
				1	onial Role Other Cing "Ceremonial Role" or "Other" des			
				10477 10701 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onial Role Other ing "Ceremonial Role" or "Other" des			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	cribe the public purpose made pursuant to the agen			
	Hacienda Heights Women	's Club	6	Per ticket po	olicy 5.3 (i)			
•	Verification I have read and understand FP with the requirements.	PC Regulations 18944 Barbara Garc			hat the distribution set fo	rth above, is in accordanc 5/31/2023		
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)		

Print

Comment: __

Clear