Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.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 🔳 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** Staff Per ticket policy 5.3 (k) 4 Number B. Name of Individual 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 Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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Comment:

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.	The state of the s	accordance

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-	Signat	ure of	Agency	Head or	Designee

Barbara Garcia

Administrative Director

5/25/2023

Print Name

(month, day, year)

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	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Dietr	ihutions	A	Dublic Decument
	Agency Name	ito arra Trekeur	433 DISTI	- IDULIOIIS	The state of the s	Public Document
11.555	County of Los Angeles				Date Stamp	California 802
	Division, Department, or Reg	ion (if applicable)			_	For Official Use Only
	Board of Supervisor, First D	And the second s				COLOR RESERVE AND CONTRACTOR AND AND COLOR
	Designated Agency Contact			20 (k - 24 25		
	Barbara Garcia, Ticket Adm					
	Area Code/Phone Number	IE-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	Face Value of	Each Ticket/Pass \$ _	22.00
	Event Description: Pomona					
	Event Description:	Provide Title/ Expla	enation [Date(s)	, 05 , 2022	05 , 29 , 202
	Ticket(s)/Pass(es) provided			f no		
	() () () ()	-, -goney. 163		1110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ ¹	f yes:		
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	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	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	suant to the agency's policy
	Staff		4	Per ticket po	olicy 5.3 (k)	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Firs	st)	Passes			
					onial Role Other Cing "Ceremonial Role" or "Other" de	
				50,440,340,400,000	onial Role Other ing "Ceremonial Role" or "Other" des	income 🔲
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
١. ١	Verification			· ·		
/	I have read and understand FPF With the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set fo	orth above, is in accordance
K		Barbara Garci	a	Admir	nistrative Director	5/25/2023
4	Signature of Agency Head or Designe		int Name	7.01111	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 County of Los Angeles **Form** 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 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 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 Staff Per ticket policy 5.3 (k) 4 Number B. Name of Individual 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 Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. Verification

Comment:

I nave read and unders	tand FPPC Regulations	18944 1 and 18942	I have verified that the	distribution set forth above,	in in account.
with the reguirements.	//		. Thave vermed that the	distribution set forth above,	is in accordance
will file regunternerius.	/ 1				

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S	idna	ature	of At	nency	Head	d or	Design	99

Barbara Garcia

Administrative Director

5/25/2023

mature **St.** Agency Head or Designee Print

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 County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 22.00 Yes 🔳 No 🗌 Face Value of Each Ticket/Pass \$. Event Description: Pomona Fairplex 05 29 Date(s) _ 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 ■ 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other 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

V	eı	П	IC	a	u	O	n

Comment:

with the requirement	PPC Regulations 18944 1	and 18942. I hav	e verified that the	distribution set forth above	is in accordance
with the requirements			o vormou triat tric	distribution set forth above,	, is ill accordance
with the requirements.					

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Bar	bara	Gai	cia
-	Daid	- u	CIC

Administrative Di	rector
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5/25/2023

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 County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 22.00 Face Value of Each Ticket/Pass \$ Yes No 🗆 Event Description: Pomona Fairplex 05 29 2023 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy 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) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below.

4. Verification

C.

I have read and understand FPPC Regulations	18944.1 and 18942. I have verified that the distribution set forth above,	io in accordance
with the requirements.	and rearize retried that the distribution set forth above,	is in accordance

Number

of Ticket(s)/

Passes

Ceremonial Role

Other

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

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

Income

Mth the requirements.			40000, 10 111 400014
	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, ye
Comment:			

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Name of Outside Organization

(include address and description)

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Agency Report of:

	eremonial Role Events and Ticket/Pass Distributions Agency Name County of Los Angeles				Date Stamp	Public Document	
					Bute stamp	Form 802	
	Division, Department, or Reg	gion (if applicable)			1	For Official Use Only	
	Board of Supervisor, First I	District					
	Designated Agency Contact (Name, Title)				-		
	Barbara Garcia, Ticket Administrator						
7	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)	
	Function or Event Infor		*				
	Does the agency have a tic		■ No□ F	ace Value of	Each Ticket/Pass \$	22.00	
	Event Description: Pomona	Fairplex		Date(s)	052023	05 , 29 , 202	
	Ticket(s)/Pass(es) provided	Provide Title/Expla		f no:			
		, , , , , , , , ,			Name of Source		
1	Was ticket distribution made at the behest Yes ☐ N			f yes:	Official's Name (Last, First)		
	of agency official?				1		
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's policy		
	Staff		4	Per ticket policy 5.3 (k)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
					onial Role Other other of "Other" des	moonic _	
•					onial Role Other of "Other" desi	Income Cribe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the	e public purpose made pursuant to the agency's policy		
	C. Name of Outside O (include address and	description)	Passes			uant to the agency's policy	
	C. Name of Outside O (include address and	description)				uant to the agency's policy	
	(include address and		Passes				
1	(include address and		Passes		hat the distribution set for		
1	/erification have read and understand FP	PC Regulations 18944. Barbara Garci	Passes 1	have verified to	hat the distribution set for nistrative Director		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
. Agency Name	Date Stamp	California 802	
County of Los Angeles		Form OUZ	
Division, Department, or Region (if applicable)	2 20	For Official Use Only	
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia Ticket Administrator			

	County of Los Angeles					Tollii 002
	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (Name, Title)				-	
	Barbara Garcia, Ticket Administrator					
	Area Code/Phone Number	E-mail	13400 100 WH		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 Infor	mation				
	Does the agency have a tick	et policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$	22.00
	Event Description: Pomona	Fairplex Provide Title/ Expla	anation	Date(s)05	05 , 202	05 , 29 , 202
	Ticket(s)/Pass(es) provided			If no:	F-1-10-10-10-10-10-10-10-10-10-10-10-10-1	20000
	AAT PART PART PART PART PART PART PART P			16	Name of Source	
	Was ticket distribution made of agency official?	at the benest Yes	□ No 🔳	If yes:	Official's Name (Last, First)	
_				W-9		
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		Number of Ticket(s)/		e public purpose made purs	
	Staff		Passes	Per ticket pe	olicy 5.3 (k)	
			4			
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
					nonial Role Other other designing "Ceremonial Role" or "Other" designing	
					nonial Role Other Other descripting "Ceremonial Role" or "Other" descriptions	Income Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
4.	Verification I have read and understand FPI with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set for	rth above, is in accordance
	MODA	Barbara Gard	cia	Admi	nistrative Director	5/25/2023
	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					

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

A Public Document

١.	Agency Name				Date Stamp	California 202	
	County of Los Angeles					Form OUZ	
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)				1		
	Barbara Garcia, Ticket Adm	inistrator					
	Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)			
	213-974-4111	bgarcia@bos.lacounty.gov			Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	22.00	
	Event Description: Pomona	Fairplex			, 05 , 2023	05 , 29 , 2022	
	Ticket(s)/Pass(es) provided	Provide Title/Expl		no:			
		10 10 10	the total and the second		Name of Source		
	Was ticket distribution made	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients			2			
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to id	dentify an individu	ual. Use Section C to identif	fy 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		
	Staff		2	Per ticket po	ticket policy 5.3 (k)		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
				1,000,000,000,000,000	nonial Role Other cing "Ceremonial Role" or "Other" de.		
					nonial Role Other can gray "Ceremonial Role" or "Other" des	The state of the s	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy		
	Verification	1.34					
	I have read and understand FPI with the requirements.	PC Regulations 1894	1.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance	
	1	cia	Admir	nistrative Director	5/25/2023		
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)	
	Commont:						
	Comment:		***				