# Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Los Angeles County Department of Public Social Services

Division, De	Division, Department, or Region (if applicable)					For Official Use Only
63	3	Monitoring Division				
	Agency Contact					
Eliette Conf	reras, ASM I				O Amendered at 15	1.5.1
	hone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3)
(562) 908-3	580	ElietteContreras@	dpss.lacounty	.gov	Date of Original Filing: _	(month, day, year)
2. Function	or Event Infor	mation				
Does the ag	gency have a tick	ket policy? Yes	□ No ■ F	ace Value of	Each Ticket/Pass \$	
Event Desc	ription: Los Ang	eles County Fair	anation		·	05 , 29 , 202
Ticket(s)/Pa	ass(es) provided	AND A DATE OF THE PARTY OF THE	□ No 🖩 If		geles County Fair Asso Name of Source	ciation
Was ticket of agency		e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
3. Recipier  • Use Section		ncy's department or unit.	•Use Section B to it	dentify an individu	ual. Use Section C to identify	an outside organization.
A. N	ame of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
Child Car	e Resource Cen	ter	10	Per Ticket Policy (Refer to Ticket Policy)		
 В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	,		, , , , ,		nonial Role Other his wing "Ceremonial Role" or "Other" desc	Income Conte below
-				100	nonial Role Other Other king "Ceremonial Role" or "Other" desc	
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
-	alienty					
4. Verification  I have read a with the requ	and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
1.000	Contreras	Eliette Contr	reras	ASM	1	5/10/23
Signature of	Agency Head or Design	nee	Print Name		Title	(month, day, year)
Comment:						

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

3.



gency i	Name eles County Department of Public Social S	Services	
Reci	pients		dentify 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
Child	Care Resource Center	10	LA County Fair Tickets
			Ticket #'s: 23854-23863
			19
			x // a
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
-			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below.
-			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
-			
100-1			
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Los Angeles County Department of Public Social Services For Official Use Only Division, Department, or Region (if applicable) Contract Administration and Monitoring Division Designated Agency Contact (Name, Title) Myhanh Duong, ASM I Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (562) 908-3562 MyhanhDuong@dpss.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🖪 Event Description: Los Angeles County Fair Date(s) \_\_\_\_\_\_05 2023 2023 05 Provide Title/ Explanation If no: Los Angeles County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes 10 Per Ticket Policy (Refer to Ticket Policy) City of Norwalk Number 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. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (Include address and description) 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. ASM I 5/8/2023 Myhanh Duong Mykanh Duong (month, day, year) Print Name

Comment:



gency i	Name geles County Department of Public Soc	ial Services						
	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					
City	of Norwalk	10	LA County Fair Tickets					
			Ticket #'s: 23904 - 23913					
			× Am					
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below					
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below.					
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below					
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below					
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
	S							

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Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
Agency Name     Los Angeles County Department of Public Social Services	Date Stamp	California 802	
Division, Department, or Region (if applicable)		For Official Use Only	
Contract Administration and Monitoring Division			

Los Angeles County Department of Public Social Services  Division, Department, or Region (if applicable)						For Official Use Only
	S So V: 68 :5					autoritaria en entre a que la como producto de la €
	Contract Administration and Designated Agency Contact					
	Eliette Contreras, ASM I	,,,,,,,				
	Area Code/Phone Number	E-mail	Amendment (Must	Provide Explanation in Part 3 )		
	(562) 908-3580	ElietteContreras@d	lpss.lacount	y.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 \$ _	
	Event Description: Los Ang	eles County Fair	nation	Date(s)		05 , 29 , 202
	Ticket(s)/Pass(es) provided		□ No 🔳	If no: Los Ano	geles County Fair As	sociation
	Was ticket distribution made of agency official?	e at the behest Yes [	Official's Name (Last, First	)		
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	(s)/ Describe the public purpose made pursuant to		ursuant to the agency's policy
	Crystal Stairs, Inc.	15 Per Tick		t Policy (Refer to Ticket Policy)		
						321
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:
				10 U 27 TE 2	nonial Role Other king "Ceremonial Role" or "Other"	The state of the s
					nonial Role Other	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
				-		
4.	Verification I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance
	Cliette Contreras	Eliette Contre	eras	ASM	П	05/10/23
	Signature of Agency Head or Desig	nee P	rint Name		Title	(month, day, year)

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Comment: \_

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

3.



Agency Los An	Name geles County Department of Public Soci	al Services							
	ipients Section A to identify the agency's department or unit.	ents on A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.							
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
Сгу	stal Stairs, Inc.	15	LA County Fair Tickets						
			Ticket #'s: 24005 - 24019						
<u> </u>									
			×WY						
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:						
			Ceremonial Role Other Income Income Income Ceremonial Role or Other describe below:						
			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:						
·			Ceremonial Role Other Income Income						
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
-	9	-							
-			I						

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions			Document
_	Agency Name			Date Stamp	Califo	ornia 802	
	Los Angeles County Depart		I Services			The second second	Official Use Only
	Division, Department, or Reg					""	Chiciai Osa Chiy
	Contract Administration and					1	
	Designated Agency Contact (	Name, Title)					
	Eliette Contreras, ASM I Area Code/Phone Number	E-mail			Amendment (Mus	st Provide Explai	nation in Part 3 )
	(562) 908-3580	ElietteContreras@d	ines lacquinty	nov	Date of Original Filing	g:	
	(502) 900-5500	Litettecontreras@c		.gov		(month, c	day, year)
2.	Function or Event Inform	mation					
	Does the agency have a tick		□ No 📓 F	ace Value of	Each Ticket/Pass \$		
	Event Description: Los Ange	eles County Fair		Date(s)	05 , 2023	05 /_	29 , 2023
		Provide Thier Explai			geles County Fair As	ssociation	
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 📓 If	no:	Name of Source	00001011011	
	Was ticket distribution made	at the behest Yes	¬ No ■ If	yes:	Official's Name (Last, Firs		
	of agency official?				Official's Name (Last, Firs	sı)	
_							
3.	Recipients  Use Section A to identify the agen	cu's department or unit	Use Section B to i	dentify an individu	ual the Section C to idea	ntify an outside	organization.
	- Ose section A to identify the agen	cy s department of onit.	Number	T T T T T T T T T T T T T T T T T T T			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	pursuant to the	agency's policy
	DREW Child Developmen	t Corporation	15	Per Ticket F	Policy (Refer to Tick	et Policy)	
	B. Name of Indi	vidual	Number of Ticket(s)/	-	Identify one of th	ne following:	
	(Last, Fire		Passos				
					nonial Role Other king "Ceremonial Role" or "Other"		Income
				Cerem	nonial Role Other	П	Income
			(		lung "Ceremonial Role" or "Other	2 (8 <del>1 -                                   </del>	
	Name of Outside O	rganization	Number	Describe th	e public purpose made p	oursuant to the	a agency's policy
	C. (include address and		of Ticket(s)/ Passes	- Describe th			
4.	Verification						
	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution se	et forth above	, is in accordance
	Piette Contreras	Eliette Contre	eras	ASM	1		05/10/23
	Signature of Agency Head or Design	ee P	rint Name	-	Tille	-	(month, day, year)
	Comment:						

3.



Agency Los Ang	Name geles County Department of Public Soc	cial S	Services				
Reci	pients			identify an individual. Use Section C to identify an outside organization.			
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
DRE	W Child Development Corporation	0	15	LA County Fair Tickets			
-				Ticket #'s: 23889 - 23903			
-				x Ohio			
В.	Name of Individual (Last, First)	4	Number of Ticket(s)/ Passes	Identify one of the following:			
16 <del>-22-22-2</del>				Ceremonial Role Other Income Income			
				Ceremonial Role Other Income Income If the Checking "Ceremonial Role" or "Other" describe below			
J <del></del>				Ceremonial Role Other Income Income Income			
i i				Ceremonial Role Other Income Income Income Income			
C.	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
		-					
-		-					
-		1					
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Agency Report of: Ceremonial Role Events an	d Ticket/P	ass Distri	butions	А	Public Document	
1. Agency Name				Date Stamp	California 802	
Los Angeles County Department of	f Public Socia	I Services		25	Form OUZ	
Division, Department, or Region (if ag	oplicable)				For Official Use Only	
Contract Administration and Monito	Contract Administration and Monitoring Division					
Designated Agency Contact (Name, Ti						
Myhanh Duong, ASM I				Amondment (Mark 6	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail				Amendment (Must F	rovide Explanation in Part 3.)	
(562) 908-3562 Myhai	nhDuong@dp	ss.lacounty.g	ov	Date of Original Filing:	(month, day, year)	
2. Function or Event Information	1					
Does the agency have a ticket police	y? Yes [	□ No 📰 F	ace Value of	Each Ticket/Pass \$		
Event Description: Los Angeles Co	ounty Fair	Dation D	ate(s)	, 05 , 2023	05 , 30 , 202	
Ticket(s)/Pass(es) provided by age		□ No 🔳 If	no: Los Ang	geles County Fair Asso	ociation	
				Name of Source		
Was ticket distribution made at the of agency official?	behest Yes [	□ No 🔳 If	yes:	Official's Name (Last. First)		
3. Recipients  • Use Section A to identify the agency's depa	ual. Use Section C to identif	y an outside organization.				
A. Name of Agency, Department o	A. Name of Agency, Department or Unit		Describe th	scribe the public purpose made pursuant to the agency's policy		
Options for Learning	Options for Learning		Per Ticket Policy (Refer to Ticket Policy)			
B. Name of Individual (Last, First)	w.		Identify one of the following:			
				nonial Role Other C king "Ceremonial Role" or "Other" de		
			1	nonial Role Other Civing "Ceremonial Role" or "Other" de		
C. Name of Outside Organization (include address and descript	on ion)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
4. Verification						
I have read and understand FPPC Reg	ulations 18944	1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance	
With the requirements.  Myhanh Duong	Myhanh Duor	ng	ASM	Ĺ	5/8/2023	
Signature of Agency Head or Designee	Pr	int Name	0.1	Title	(month, day, year)	

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Comment: \_



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					
Options for Learning	10	LA County Fair Tickets					
		Ticket #'s: 23934 - 23943					
		x hoticely					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
	a de la composição de la c	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					

1.	Agency Name				Date Stamp	California 802
	Los Angeles County Depart		I Services			Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Contract Administration and	Monitoring Division				
	Designated Agency Contact (	Name, Title)				
	Myhanh Duong, ASM I				Amendment (Must I	Provide Explanation in Part 3)
	Area Code/Phone Number	E-mail				
	(562) 908-3562	MyhanhDuong@dp	ss.lacounty.g	ov	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy? Yes I	□ No 🗐 F	ace Value of I	Each Ticket/Pass \$ _	
	Event Description Los Ange			oate(s)	05 2023	05 , 29 , 2023
	Ticket(s)/Pass(es) provided		no: Los Ang	peles County Fair Ass	ociation	
	Was ticket distribution made at the behest Yes \( \backslash \) No \( \backslash \) If yes: of agency official?				Official's Name (Last First)	<del></del>
3.	Recipients  • Use Section A to identify the agen	cy's department or unit.	Use Section B to ic	dentify an individu	ial. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	A. Name of Agency, Department or Unit		Describe th	e public purpose made pu	rsuant to the agency's policy
	Pathways LA  Name of Individual (Last, First)		10	Per Ticket Policy (Refer to Ticket Policy)  Identify one of the following:		
			Number of Ticket(s)/ Passes			
			,		ionial Role Other C ing "Ceremonial Role" or "Other" de	700
					nonial Role Other C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	:					
4.	Verification  I have read and understand FP with the requirements.	PC Regulations 18944	1 and 18942 i	have venfied t	hat the distribution set f	orth above, is in accordance
	Whilenh Dunna	Myhanh Duor	ng	ASM	I	5/8/2023
	Wykanh Duong Siglature of Agency Head or Design	ee Po	rint Name		Title	(month, day, year)
	20 N					
	Comment:					***************************************



A Public Document



Agency Los Ang	Name geles County Department of Public So	ocial S	Services				
	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.						
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
Path	Pathways LA		10	LA County Fair Tickets			
				Ticket #'s: 23924 - 23933			
<u>0</u>				x All			
В.	Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
				Ceremonial Role Other Income If checking "Coremonial Role" or "Other" describe below			
				Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below			
	e e			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below			
				Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below			
c.	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
			***********				

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#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Los Angeles County Department of Public Social Services Form Division, Department, or Region (if applicable) For Official Use Only Contract Administration and Monitoring Division Designated Agency Contact (Name, Title) Myhanh Duong, ASM I ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (562) 908-3562 Date of Original Filing: . MyhanhDuong@dpss.lacounty.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \_ Event Description: Los Angeles County Fair Date(s) 05 , 05 , 2023 30 2023 Provide Title/ Explanation If no: Los Angeles County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No M Name of Source 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 20 Pomona Unified School District Per Ticket Policy (Refer to Ticket Policy) Number Name of Individual B. 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 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

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.

Whykanh Duong Sanature of Agency Head or Designee

Myhanh Duong

ASM I

5/8/2023

Print Name

Title

(month, day, year)

Comment: Contractor received additional 10 tickets on 5/25/23. Those tickets were returned by MAOF.

Off the 10 additional ticket received, contractor was able to distribute 4 tickets and returned 6 tickets on 5/30/23





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



gency tos Ang	Name eles County Department of Public Soc	ial Services	8
Reci • Use Se	pients ection A to identify the agency's department or unit	t. •Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Pom	ona Unified School District	20 M 30 24	LA County Fair Tickets
			Ticket #'s: 23944 - 23963 & 23914 - 23923
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	XIII Mode Tonsis Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below
			Ceremon al Role  Other  Income If checking "Ceremonial Role" or "Other" describe below.
			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
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Ceremonial Role Eve	nts and Ticket/P	ass Distri	ibutions	Y.	A Public Document	
1. Agency Name				Date Stamp	California 802	
Los Angeles County Depa	rtment of Public Socia		Form OUZ			
Division, Department, or Re	gion (if applicable)	1	For Official Use Only			
Contract Administration ar	nd Monitoring Division					
Designated Agency Contac	t (Name, Title)	1111		1		
Catherin Yamzon, ASM I				[] Amendment at	12. 11.5. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12	
Area Code/Phone Number	E-mail	Amendment (Mus	t Provide Explanation in Part 3.)			
(562) 908-4434	CatherineYamzon@	@dpss.lacoun	ty.gov	Date of Original Filing	g:(month, day, year)	
2. Function or Event Info	rmation					
Does the agency have a t	cket policy? Yes [	□ No 🖩 F	ace Value of	Each Ticket/Pass \$		
Event Description: Los An			05	05 2023	05 , 29 , 2023	
Event Description:	Provide Title/ Explai	nation	\$1.56			
Ticket(s)/Pass(es) provide		□ No 🗏 II	f no: Los Ang	geles County Fair As	ssociation	
	, , , , , , , , , , , , , , , , , , , ,			Name of Source	,	
Was ticket distribution mag	de at the behest Yes [	□ No 📓 🏻	f yes:	Official's Name (Last Firs	**1	
of agency official?				Cincia s Home (2001 / III)	·y	
3. Recipients						
<ul> <li>Use Section A to identify the ag</li> </ul>	ency's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ider	ntify an outside organization.	
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy	
K-Step Montessori El M Child Care Center	onte Telstar	8	Per Ticket F	Policy (Refer to Tick	et Policy)	
B. Name of Ir		Number of Ticket(s)/ Passes	Identify one of the following:			
				nonial Role Other king "Ceremonial Role" or "Other"		
				nonial Role Other	1987 N	
C. Name of Outside (include address a	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy		
4. Verification		Acceleration				
I have read and understand F with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance	
Catherine Classen	Catherine Ya	mzon	ASM	E	05/08/2023	
Catherine Gamaon Signature of Agency Head & Des	gnee P	rint Name		Title	(month, day, year)	
Comment:		Ü				



gency l os Ang	Name geles County Department of Public Soc	ial Services	
	pients ection A to identify the agency's department or uni	t. •Use Section B to ic	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	tep Montessori El Monte Telstar d Care Center	6	LA County Fair Tickets
			Ticket #'s: 23866 - 23871
22		2	Ticket #'s: 23864 - 23865
			x 213
В.	Name of Individual (Last. First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
			Ceremonial Role Other Income Income Income
<u></u>			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
			**************************************

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Agency Report of: Ceremonial Role Even	ts and Ticket/P	ass Distri	butions	А	Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles County Depart	ment of Public Socia				
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
Contract Administration and	Monitoring Division				
<b>Designated Agency Contact</b>	and the second s			i	
Catherin Yamzon, ASM I				Amandment (Must 6	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Winetignieur (wast)	Tovide Explanation in Part 3.)
(562) 908-4434	CatherineYamzon@	@dpss.lacoun	ty.gov	Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation			Managara	
Does the agency have a tic		□ No 🗎 F	ace Value of	Each Ticket/Pass \$ _	
Event Description: Los Ang	eles County Fair  Provide Title/ Expla	D	oate(s)	05 , 2023	05 , 29 , 2023
Ticket(s)/Pass(es) provided		□ No 🔳 If	no. Los Ang	geles County Fair Ass	ociation
ricket(s)/r ass(es) provided	by againsy. Test			Name of Source	
Was ticket distribution made of agency official?	e at the behest Yes	□ No 🔳 If	yes:	Official's Name (Last. First)	
<ul><li>Recipients</li><li>Use Section A to identify the age</li></ul>	ncy's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
K-Step Montessori Vermo Center	ont Child Care	17	Per Ticket I	Policy (Refer to Ticket	Policy)
B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:
		69	HT 기존(100kg)	nonial Rote Other C king "Ceremonial Role" or "Other" di	
(	diana di mananana anda di mananana anda di manana		500000000000000000000000000000000000000	nonial Role Other L	
C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verification					
I have read and understand Fi with the requirements.	PPC Regulations 1894-	4.1 and 18942.	I have venfied	that the distribution set i	forth above, is in accordance
Catherine Gamzo	Catherine Ya	mzon	ASM	П	05//08/2023
Signature of Agency Head or Desig	nee F	rint Name		Title	(month, day, year)

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Comment: \_

Clear

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



Agency I Los Ang	Name leles County Department of Public Soci	al Services	
	pients ection A to identify the agency's department or unit.	. •Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
K-Ste Cent	ep Montessori Vermont Child Care er		LA County Fair Tickets
			Ticket #'s: 23872-23888
			Ticket #'s:
-			× Delvia Rodrigueg
В.	Name of Individual (Last. First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Geremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
8			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
<del></del>			Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
F			

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# Agency Report of:

Agency itep	oit o	1.			
Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions

**A Public Document** 

1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or R	egion (if applicable)				For Official Use Only
Contract Administration a		, Public Socia	Services		
Designated Agency Conta	ct (Name, Title)				
Ernesto Maldonado ASM				Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number					
562-908-4435	ernestomaldonado	@dpss.lacour	nty.gov	Date of Original Filing:	(month, day, year)
2. Function or Event Inf	ormation			alle spirit i materiale si se semini de la distribución de la constitución de la distribución de productivo de	al de la partir de Maria de La comunicación de la Calenda como los de seña con estra lingua de la como de la c La como de la como de l
Does the agency have a	ticket policy? Yes [	No □ F	ace Value of I	Each Ticket/Pass \$ _	
Event Description: LA Co	ounty Fair  Provide Title/ Expla	nation D	eate(s)	, 05 , 23	05 , 29 , 23
Ticket(s)/Pass(es) provid		□ No 🔳 If	no: Los Ang	geles County Fair Ass Name of Source	sociation
Was ticket distribution ma of agency official?	ade at the behest Yes [	□ No 🖬 If	yes:	Official's Name (Last. First)	)
3. Recipients  • Use Section A to identify the a	gency's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to ident	ify an outside organization.
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
AltaMed Health Service	es	13	Adolescent	Family Life Program	(AFLP)
1			to support a	and empower expects	ant and parenting youth.
U.	ndividual First)	Number of Ticket(s)/ Passes		Identify one of the	following:
				ionial Role Other Cing "Ceremonial Role" or "Other" d	
			1	ionial Role Other [	- 12 IV
C. Name of Outsid (include address		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
·					
4. Verification			٠		
00e 70 00 00 00 00	FPPC Regulations 18944	1.1 and 18942.	have verified t	hat the distribution set	forth above, is in accordance
Enert Mall.	Ernesto Mald	lonado	ASM	1	05/31/2023
Signature of Agency Head or De	signee P	rint Name		Title	(month, day, year)
Comment:					
Comment:					***************************************



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

### General Information

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

### Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

### Reporting and Public Posting

**Ticket Distribution Policies:** An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

### **Privacy Information Notice**

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

### Instructions

### Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

### Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

### Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

**Section B.** Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

**Section C.** Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.



gency I os Ang	Name geles County Department of Public Social	Services	
	pients ection A to identify the agency's department or unit.	Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Altal	Med Health Services	13	LA County Fair Tickets
			Ticket #'s: 23814 - 23826
В.	Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:
	(Least, Finally	Passes	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
c.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
-			
-			

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Λ.	D.	ıhı	in	п	~~	IIIn	nen	4
м	ΕU	w	16	u	U.	ш	1611	ш

Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ For Official Use Only
Division, Department, or Region (if applicable)		00.00		To Official use Offiy
Contract Administration and Monitoring Division	n, Public Social	Services		
Designated Agency Contact (Name, Title)				
Ernesto Maldonado ASM I			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		¥.		
562-908-4435 ernestomaldonac	lo@dpss.lacour	nty.gov	Date of Original Filing	:(month, day, year)
. Function or Event Information				
Does the agency have a ticket policy? Ye	s≣ No□ F	ace Value of I	Each Ticket/Pass \$ ـ	· · · · · · · · · · · · · · · · · · ·
Event Description: LA County Fair  Provide Title/Ex.	planation D	ate(s)	, 05 , 23	05 , 29 , 23
	s□ No 🔳 If	no: Los Ang	geles County Fair As	sociation
Was ticket distribution made at the behest Ye of agency official?	s 🗌 No 📰 🏻 If	yes:	Official's Name (Last, First	0
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> </ul>	• Use Section B to id	dentify an individu	ual. Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
El Nido Family Centers	14	Adolescent	Family Life Program	ı (AFLP)
		to support a	and empower expect	ant and parenting youth.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	e following:
			nonial Role Other Other "Ceremonial Role" or "Other"	
			nonial Role Other king "Ceremonial Role" or "Other"	<del></del>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
. Verification I have read and understand FPPC Regulations 189	144.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
with the requirements.	aldonado	ASM	11	05/31/2023
<u>Fruesto Maldonado</u> Signature of Agency Head or Designee	Print Name	ASIVI	Title	(month, day, year)



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

### **General Information**

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

### Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

### Reporting and Public Posting

**Ticket Distribution Policies:** An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

### **Privacy Information Notice**

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### Instructions

### Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

### Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

### Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

**Section B.** Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

**Section C.** Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.



F	Agenc	y M	Name				

• Use Section		·Use Section B to id	lentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
El Nido l	Family Centers	14	LA County Fair Tickets
			Ticket #s: 23827 - 23840
В.	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;
			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
¥	380		

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# Agency Report of:

Ceremonial	Role Events	and Ticket/Pass	Distributions

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	County of Los Angeles			Charles and the control of the contr		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Contract Administration and	Monitoring Division	n, Public Social	Services		
	Designated Agency Contact (	Name, Title)			1	
	Ernesto Maldonado ASM I				☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (was	Provide Explanation in Part 5.)
	562-908-4435	ernestomaldonad	o@dpss.lacour	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 \$ .	
	Event Description: LA Cour	nty Fair  Provide Title/ Exp	D	ate(s)05	, 05 , 23	05 , 29 , 23
	Ticket(s)/Pass(es) provided		ianation i □ No 🔳 If	no: Los Ang	geles County Fair As	sociation
	Was ticket distribution made	at the beheet V		ves:		
	of agency official?	at the beliest Yes	. No ■	J 00.	Official's Name (Last, Firs.	t)
	or agency emolar:					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	• Use Section B to id	lentify an individu	ual. Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	Foothill Family Service		13	Adolescent	Family Life Program	ı (AFLP)
	3			to support a	and empower expect	ant and parenting youth.
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	
				200000	nonial Role Other king "Ceremonial Role" or "Other"	
					nonial Role  Other	#F 1998 1999
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
			+			
						-2
4.	Verification I have read and understand FP	PPC Regulations 1894	14.1 and 18942.	have verified t	that the distribution set	forth above, is in accordance
	with the requirements.				3.0	
	Ernesto Waldona	Ernesto Ma	ldonado	ASM	1	05/31/2023
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	0					
	Comment:					



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

### **General Information**

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

### Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

### Reporting and Public Posting

Ticket Distribution Policies: An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

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This form must be maintained as a public document.

### **Privacy Information Notice**

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### Instructions

### Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

### Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

### Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

**Section B.** Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

**Section C.** Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.



A Public Document				
o identify an outside organization.				
ade pursuant to the agency's policy				
LA County Fair Tickets				
of the following:				
Other Income Cother describe below				
Other Income Income Cother describe below:				
Other Income Income C				
Other Income Income C				
ade pursuant to the agency's policy				
(				

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		Date Stamp	California 802		
County of Los Angeles					
Division, Department, or Region (if applicable)					
Services Sectio	n				
		2'			
1		Amondment (Must	Provide Explanation in Part 2.1		
		Amendment (Mustr	Provide Explanation in Part 3.)		
s.lacounty.gov		Date of Original Filing:	(month, day, year)		
			00		
s No DF	ace Value of I	Each Ticket/Pass \$ _	20		
	<sub>ate(s)</sub> <u>05/06</u>	<u> 5/2023</u>	05/29/2023		
reconstruction of the second second	no: <u>LA Cou</u>				
-□ N-■ If	NOC.				
s□ NO 📰 II	yes. ———	Official's Name (Last, First)			
• Use Section B to id	lentify an individu	ual. Use Section C to ident	ify an outside organization.		
Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
12	(Refer to tio	cket policy)			
12	(Refer to tic	cket policy)			
Number of Ticket(s)/ Passes		Identify one of the	following:		
		11 11 11 11 11 11 11 11 11 11 11 11 11			
Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
44.1 and 18942. I	have verified t	that the distribution set	forth above, is in accordance		
)enhv		ASMII	May 23, 2023		
Print Name		Title	(month, day, year)		
	s.lacounty.gov  s.lacounty.gov  s.lacounty.gov  s.lacounty.gov  s.lacounty.gov  s.lacounty.gov  No lacounty.gov  No lacounty.gov  Number of Icket(s)/ Passes  12  12  12  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	s.lacounty.gov  s No Face Value of Date(s) 05/06  planation s No If no: LA Cou s No If yes:  • Use Section B to identify an individue  Number of Ticket(s)/ Passes  12 (Refer to ticket(s)/ Passes)  Ceren (I checket)  Number of Ticket(s)/ Passes  Ceren (I checket)  Number of Ticket(s)/ Passes  Ceren (I checket)  Number of Ticket(s)/ Passes  Describe the De	Date of Original Filing:    S.lacounty.gov		



gency Name		
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
Mariposa - Nabi Primary Center	12	(Refer to ticket policy)
Community Development Center Friendship Academy	12	(Refer to ticket policy)
Russell Elementary	12	(Refer to ticket policy)
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 Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
-	-	
<del></del>		
		4)

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