Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California C Date Stamp

| ••• | | | | Form 802 | | |
|-----|--|--------------------------------------|-----------------------------------|---|---|---------------------------------|
| | County of Los Angeles | ion (foreter) | | For Official Use Only | | |
| | Division, Department, or Region (if applicable) | | | | | |
| | DPSS, BSO, CPMD, Toy Lo | | ervices Secti | on | 1 | |
| | Raven Lopez, Interim Volun | | dinator II | | D Amandmant at an | Provide Explanation in Part 3) |
| | Area Code/Phone Number | E-mail | | | Amendment (Must P | rovide explanation in Part 3) |
| | (323)986-2728 | RavenLopez@dpss | s.lacounty.gov | / | Date of Original Filing: . | (month, day, year) |
| 2. | Function or Event Inform | mation | | | | 20.00 |
| | Does the agency have a tick | | ■ No□ F | ace Value of | Each Ticket/Pass \$ | 20.00 |
| | Event Description: LA Coun | nty Fair 2024 Provide Title/ Explai | | oate(s) <u>05/03</u> | 3/2024 | 05/27/2024 |
| | Ticket(s)/Pass(es) provided | Provide Titler Explai | | no: <u>LA Cou</u> | Inty Fair Association | |
| | Was ticket distribution made | at the heheet was | | ves: | Name of Source | |
| | of agency official? | arme benest Yes[| _ NO 🚾 Ⅱ | yes. | Official's Name (Last, First) | |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agen | ncy's department or unit. • | ual. Use Section C to identif | fy 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 |
| | Potrero Heights Commun Center | ity and Senior | 9 | (Refer to Ti | icket Policy) | |
| | Alma Family Service Center | | 9 (Refer to T | | icket Policy) | |
| | B. Name of Indi | | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | Adriana Arevalo Clara Villalobos C. Name of Outside Organization (include address and description) | | 4 | 3 CSB *** | nonial Role Other king "Ceremonial Role" or "Other" de | TY 17 10 |
| | | | 4 | Ceremonial Role Other Income Income Income Income | | |
| | | | Number of Ticket(s)/ Passes | | the public purpose made pursuant to the agency's policy | |
| | | | | | | |
| - | 700.007.0000000 | | | | | |
| 4. | Verification | | | | | |
| | I have read and understand FF with the requirements. | PPC Regulations 18944 | .1 and 18942. | I have verified | that the distribution set fo | orth above, is in accordance |
| | The requirements. | Shannon Der | nby | ASM | UII | 05/22/2024 |
| | Signature of Agency Head or Design | | rint Name | | Title | (month, day, year) |

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Comment:



| Recipi •Use Se | | •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 |
| Los Ar Center | ngeles City College Child Development | 5 | (Refer to Ticket Policy) |
| El Nido | o Family Center | 7 | (Refer to Ticket Policy) |
| | unity Development Center Friendship my - Wilmington | 7 | (Refer to Ticket Policy) |
| Los Ar | ngeles Mission College | 9 | (Refer to Ticket Policy) |
| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | | Ceremonial Role Other Income Income Income |
| Claudi | a Solis | 3 | |
| | | | 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 It 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 |
| | | | |
| | 9 | | |
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| Agency N County o | ame f Los Angeles | | |
|----------------------|--|--|---|
| Recip | vients ection A to identify the agency's department or u | 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 |
| The S | San Gabriel Pomona Parent's Place | 4 | (Refer to Ticket Policy) |
| | | | |
| 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 |
| | | | |
| | | | |
| | | | , |
| 71 | | | |

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| 1. | Agency Name | | | | Date Stamp | California 802 | |
|-----------------|---|----------------------------|-----------------------------------|-------------------------------|---|---------------------------------|--|
| | County of Los Angeles | | | | | | |
| | Division, Department, or Region | (if applicable) | | For Official Use Only | | | |
| | Contract Administration and M | onitoring Division | | | | | |
| | Designated Agency Contact (Na | me,Title) | | | 1 | | |
| | Renea Towns-Haskin, ASM II | | | | Amendment (Must | Provide Explanation in Part 3.) | |
| | Area Code/Phone Number E | -mail | | | Amendment (Musi | Provide Explanation in Part 3.) | |
| | 562-908-3052 F | ReneaTowns-Hask | kin@dpss.lacc | ounty.gov | Date of Original Filing | (month, day, year) | |
| 2. | Function or Event Informa | ation | | 11 | , | | |
| | Does the agency have a ticket | policy? Yes | ■ No□ F | ace Value of | Each Ticket/Pass \$. | | |
| | Event Description: LA County | Fair Provide Title/ Expla | C | oate(s) | 03 / 24 | 05 , 27 , 24 | |
| | Ticket(s)/Pass(es) provided by | | □ No 🔳 If | | geles County Fair As | | |
| | Was ticket distribution made a | the behest Yes | □ No 🔳 If | yes: | Official's Name (Last, First | t) | |
| | of agency official? | | | | | , | |
| 3. | Recipients • Use Section A to identify the agency | s department or unit. | 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 the public purpose made pursuant to the agency's policy | | |
| | AltaMed Health Services | | 13 | Adolescent | Family Life Program | ı (AFLP) - Cal-Learn | |
| | | | | to support a | and empower expect | ant and parenting youth. | |
| | B. Name of Individ | ual | Number of Ticket(s)/ Passes | | Identify one of the | following: | |
| | | | | | nonial Role Other king "Ceremonial Role" or "Other" | | |
| | 1 | a | | | nonial Role Other Other Other Other | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe th | e public purpose made p | ursuant to the agency's policy | |
| | | | | | | | |
| - 4. | Verification | | | L | | | |
| | I have read and understand FPPC with the requirements. | Regulations 18944 | 1.1 and 18942. | l have verified t | that the distribution set | forth above, is in accordance | |
| | Renea Towns-Haskin | Renea Town | s-Haskin | ASM | II | 04/30/2024 | |
| | Signature of Agency Head or Designee | | rint Name | | Title | (month, day, year) | |
| | | | | | | | |
| | 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.



| ontin | uation Sheet | | A Public Document | | |
|------------|---|-----------------------------------|--|--|--|
| Agency I | | | | | |
| | geles County Department of Public So | cial Services | | | |
| | pients ection A to identify the agency's department or un | it. • Use Section B to id | 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 | | |
| Altai | Med Health Services | 13 | LA County Fair Tickets | | |
| | | | Ticket #'s: 4547 - 4559 | | |
| | | | 7.0 | | |
| В. | B. Name of Individual Number of Ticket(s): (Last, First) Passes | | Identify one of the following: | | |
| | | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: | | |
| 1 | | | 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: | | |
| · <u>·</u> | | | 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 | | |
| <u></u> | | | | | |
| | | | | | |
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Agency Report of:

| Ceremonial | Role Events and | Ticket/Pass | Distributions | |
|------------|------------------------|-------------|---------------|--|
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| Λ | D. | ın | 10 | 1 | OCI | Im | an | • |
| | | | | _ | | | | |

| 1 | Agency Name | | | | Date Stamp | California 802 | |
|-----|---|-----------------------------------|-----------------------------------|--|---|---------------------------------|--|
| | County of Los Angeles | | | | | | |
| į | Division, Department, or Reg | ion (if applicable) | | | For Official Use Only | | |
| | Contract Administration and | Monitoring Division | | | | | |
| • | Designated Agency Contact (| Name, Title) | | | | | |
| | Renea Towns-Haskin, ASM | II | | | ☐ Amendment (Must l | Provide Explanation in Part 3.) | |
| 7 | Area Code/Phone Number | E-mail | | | | rovide Explanation in rain 6.7 | |
| | 562-908-3052 | ReneaTowns-Has | kin@dpss.lacc | ounty.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/ Expl | D | eate(s) | , 03 , 24 | 05 , 27 , 24 | |
| | Ticket(s)/Pass(es) provided | | □ No 🔳 If | no: Los Ang | geles County Fair Ass | sociation | |
| | Was ticket distribution made | at the beheet war | | Ves. | | | |
| | of agency official? | e at the beliest Yes | .∐ No ■ " | yes | Official's Name (Last, First) | | |
| 3. | Recipients | | | | | | |
| 7.7 | Use Section A to identify the agent | cy's department or unit. | ual. Use Section C to identi | fy an outside organization. | | | |
| | A. Name of Agency, Depar | Number of Ticket(s)/ Passes | Describe th | scribe the public purpose made pursuant to the agency's policy | | | |
| | El Nido Family Centers | | 14 | Adolescent | olescent Family Life Program (AFLP) - Cal-Learn | | |
| | | | to support a | and empower expecta | ant and parenting youth. | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the following: | | |
| | | | | 5 000 3 000 000 | nonial Role Other C king "Ceremonial Role" or "Other" de | | |
| | | | | | nonial Role Other C | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy | |
| | | | | | | | |
| 4 | Verification | | | | | | |
| | Vermication I have read and understand FP with the requirements. | PC Regulations 1894 | 4.1 and 18942. I | have verified t | that the distribution set f | orth above, is in accordance | |
| | Rensa Towns-Haskin | Renea Town | ns-Haskin | ASM | II | 5/1/2024 | |
| | Signature of Agency Head or Design | ee | Print Name | | Title | (month, day, year) | |
| | Commont | | | | | | |
| | 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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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.



| Continuation Sheet | | | A Public Document |
|--------------------|--|-----------------------------------|--|
| | ncy Name Angeles County Department of Public Soc | ial Services | |
| | ecipients Jse Section A to identify the agency's department or unit | •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 |
| E | El Nido Family Centers | | LA County Fair Tickets |
| | | | Ticket #s: 4560 - 4573 |
| _ | | | |
| 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 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 |
| _ | | | |
| - | | | |

Print

A Public Document

| 1. Agency Name | | | Date Stamp | California 802 | | |
|---|--|--------------------------------|--|---|--|--|
| County of Los Angeles | | | | Form OUZ For Official Use Only | | |
| Division, Department, or Region (if applicable) | Division, Department, or Region (if applicable) | | | | | |
| Contract Administration and Monitoring Divisi | | | | | | |
| Designated Agency Contact (Name, Title) | Designated Agency Contact (Name, Title) | | | | | |
| Renea Towns-Haskin, ASM II | | | | | | |
| Area Code/Phone Number E-mail | | 200 | Substitute of the substitute o | erminaturas um activamente en catura esculario de catura en catura de catura de catura de catura de catura de c | | |
| 562-908-3531 ReneaTowns-H | askin@dpss.lacc | ounty.gov | Date of Original Filing: | (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 \$ _ | | | |
| Event Description: LA County Fair Provide Title/ E | D | ate(s)05 | , 03 , 23 | 05 , 27 , 23 | | |
| | ^{xpianation} es □ No ■ If | no: Los Ang | geles County Fair Ass | sociation | | |
| Was ticket distribution made at the behest Y | es□ No ■ If | yes: | Official's Name (Last, First) | | | |
| of agency official? | es 🗆 110 🔤 | * | Official's Name (Last, First) | | | |
| | | | | | | |
| 100 C | Recipients | | | | | |
| Use Section A to identify the agency's department or uni- | Use Section A to identify the agency's department or unit. Use Section B to identify an individue. | | | | | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe th | e the public purpose made pursuant to the agency's policy | | | |
| Foothill Family Service | 13 | Adolescent | t Family Life Program (AFLP) - Cal-Learn | | | |
| 3 | | to support a | and empower expects | ant and parenting youth. | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: | | | | |
| | | | nonial Role Other Other or "Other" d | | | |
| | | 100000 | nonial Role Other C | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy | | |
| | | | | | | |
| 4. Verification | | | | | | |
| I have read and understand FPPC Regulations 18 with the requirements. | 944.1 and 18942. | I have verified t | that the distribution set | forth above, is in accordance | | |
| 2 - 1/1 | wns-Haskin | ASM | II | 5/1/2024 | | |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) | | |
| A 100 March 100 | | | | | | |
| Comment: | | | | | | |



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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.



| Agency Name | | |
|---|--|--|
| Los Angeles County Department of Public Social 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. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes LA County Fair Tickets Foothill Family Service 13 Ticket #'s: 4574 - 4586 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: Income Other Ceremonial Role 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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| | eremonial Role Even | ts and Ticket/F | Pass Distr | ibutions | Δ | Public Document | |
|----|---|---|-----------------------------------|--|---|--|--|
| | Agency Name | | | | Date Stamp | 2.6 TO THE RESERVE THE RESERV | |
| | Los Angeles County Department of Public Social Services | | | | Form 802 | | |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only | |
| | Contract Administration and | Monitoring Division | | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | | |
| | Eliette Contreras, ASM I | | | | D Amandmank #4 +5 | <u> </u> | |
| | Area Code/Phone Number | E-mail | | | Amenament (Must F | Provide Explanation in Part 3.) | |
| _ | (562) 908-3580 | ElietteContreras@ | dpss.lacounty | /.gov | Date of Original Filing: | (month, day, year) | |
| 2. | Function or Event Inform | mation | | | | | |
| | Does the agency have a tick | et policy? Yes | □ No 📵 F | ace Value of | Each Ticket/Pass \$ | | |
| | Event Description: Los Ange | eles County Fair | | | , 03 , 2024 | 05 , 27 , 2024 | |
| | | Provide Title/Expla | nation | 100 to 10 | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | □ No 🔳 I | f no: Los Ang | geles County Fair Asso | ociation | |
| | Mas ticket distribution made | at the behavior | | · | Name of Source | and the second s | |
| | Was ticket distribution made of agency official? | at the benest Yes | □ No 🔳 | f yes: | Official's Name (Last, First) | | |
| | or againsy amoiar: | | | | | | |
| 3. | Recipients | | | | | | |
| | Use Section A to identify the agence | cy's department or unit. • | Use Section B to i | dentify an individu | al. Use Section C to identify | y an outside organization. | |
| | A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Passes | Describe the | the public purpose made pursuant to the agency's policy | | |
| | City of Norwalk | | | Per Ticket P | Policy (Refer to Ticket Policy) | | |
| | | | | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: | |
| | | | | 100000 | onial Role Other on "Other" des | income | |
| | | | | Carama | onial Role Other | | |
| | | | | | ng "Ceremonial Role" or "Other" desi | | |
| | C. Name of Outside Org | C. Name of Outside Organization (include address and description) | | Describe the | cribe the public purpose made pursuant to the agency's policy | | |
| | | | | | | | |
| _ | Vorification | | | | | | |
| | Verification I have read and understand EPP | C Regulations 19044 | 1 and 10010 1 | h | | | |
| í | have read and understand FPP with the requirements. | Tegulations 18944. | i and 18942. I | nave verified th | at the distribution set for | th above, is in accordance | |
| | 48/1/H | Eliette Contrei | ras | ASMI | | 560/01 | |
| - | Signature of Agency Head or Designee | | nt Name | | Title | (month day year) | |
| / | | | | | | | |

Comment:



| 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. | | | | | | | |
| Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | | | | |
| 10 | LA County Fair Tickets | | | | | | |
| | Ticket #'s: 5669-5678 | | | | | | |
| | × AAV | | | | | | |
| 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 If checking "Ceremonial Role" or "Other" describe below: | | | | | | |
| | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: | | | | | | |
| Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | Number of Ticket(s)/ Passes 10 Number of Ticket(s)/ Passes | | | | | | |

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|----|---|--|-----------------------------------|--------------------------------|---|---------------------------------|--|--|
| 1. | Agency Name | | Date Stamp | California 202 | | | | |
| | Los Angeles County Depart | | | | Form OUZ | | | |
| | Division, Department, or Reg | | | | For Official Use Only | | | |
| | Contract Administration and | | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | | |
| | Eliette Contreras, ASM I | | | | ☐ Amendment (Must l | Provide Explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | | | | Tovide Explanation in Part 3.) | | |
| | (562) 908-3580 | ElietteContrera | s@dpss.lacounty | .gov | Date of Original Filing: | (month, day, year) | | |
| 2. | Function or Event Infor | Function or Event Information | | | | | | |
| | Does the agency have a tick | ket policy? | Each Ticket/Pass \$ _ | | | | | |
| | 7 1 | 10 100 | | | | | | |
| | Event Description: Los Ang | Provide Title/ | Explanation | Date(s) | <u>, 03 , 2024</u> | 05 , 27 , 2024 | | |
| | Ticket(s)/Pass(es) provided | | geles County Fair Ass | ociation | | | | |
| | , | , , , | Yes□ No 🔳 If | | Name of Source | | | |
| | Was ticket distribution made | e at the behest | ∕es 🔲 No 🔳 🌃 | f yes: | Official's Name (Last, First) | | | |
| | of agency official? | | | | Omeiars Ivanie (Last, 1 iist) | | | |
| 3. | Pasiniants | | | | | | | |
| ა. | Recipients • Use Section A to identify the ager | ocy's department or ur | nit • Use Section B to i | dentify an individu | ual Mise Section C to identi | ify an outside organization | | |
| | A. Name of Agency, Depa | | Number of Ticket(s)/ | | | rsuant to the agency's policy | | |
| | A. Hame of Figure 19 | | Passes | Describe to | | | | |
| | Child Care Resource Center | | | Per Ticket F | Policy (Refer to Ticket | t Policy) | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | Identify one of the following: | | following: | | |
| | | | | | nonial Role Other Ching "Ceremonial Role" or "Other" ch | | | |
| | · · | | | | nonial Role Other C | _ | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy | | |
| | | | | | | | | |
| 4. | Verification | | 10140 | | | | | |
| | I have read and understand FP with the requirements | PPC Regulations 18 | 3944.1 and 18942. | I have verified (| that the distribution set t | forth above, is in accordance | | |
| | Alatto- | Eliette Co | ontreras | ASM | Ī | dontal | | |
| 9 | Signature of Agency Head or Design | 90-100-000-000-000-000-000-000-000-000-0 | Print Name | | Title | (month, day, year) | | |
| | Comment: | | | | | | | |
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| | 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. | | | | | | | |
|---|--|----|-------------------------------------|--|--|--|--|--|
| F. No. 2275 5 (200) | ne of Agency, Department or Unit | P) | 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: 5679-5688 | | | | |
| | | | | | | | | |
| B. Name of individual (Last, First) | | | Number of Ticket(s)/ Passes | X | | | | |
| | | | | Ceremonial Role Other Income Income If checking "Caramonial 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: | | | | |
| | Name of Outside Organization clude address and description) | | Number of Ticket(s)/ Passos | Describe the public purpose made pursuant to the agency's policy | | | | |
| | The state of the s | | | D | | | | |
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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) Eliette Contreras, ASM I Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (562) 908-3580 ElietteContreras@dpss.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No Event Description: Los Angeles County Fair 03 , 2024 Date(s) _05 , 2024 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 I No If yes: _ Official's Namo (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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 10 Crystal Stairs, Inc. Per Ticket Policy (Refer to Ticket Policy) 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 Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (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. Ellette Contreras ASM I Cliette Contreras 05/09/24 Signature of Agency Head or Designee Print Name Title (month, day, year)

Print

Comment:

Clear

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

3.



| Agency Name Los Angeles County Department of Public Social | Services | |
|--|-----------------------------------|--|
| Recipients | | 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 |
| Crystal Stairs, Inc. | 10 | LA County Fair Tickets |
| | | Ticket #'s: 5689-5698 |
| | | × Malaila Enite 49/24 . |
| 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 |
| 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 |
| | | H_ |
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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) Eliette Contreras, ASM I ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (562) 908-3580 ElietteContreras@dpss.lacounty.gov Date of Original Filing: (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 03 2024 05 2024 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 10 DREW Child Development Center Per Ticket Policy (Refer to Ticket Policy) 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 Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

| Tiette Contreras | Eliette Contreras | ASM I | 05/09/24 |
|--------------------------------------|-------------------|-------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |



| gency Nos Ang | s Angeles County Department of Public Social 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. | 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 Center | 10 | LA County Fair Tickets | | | | | | |
| | | | Ticket #'s: 5699-5708 | | | | | | |
| | | | ×92-12 | | | | | | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | (s)/ Identify one of the following: | | | | | | |
| | | | Ceremonial Role Other Income Income Income | | | | | | |
| | | | Ceremonial Role Other Income Income Income Income | | | | | | |
| | | | 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) | | 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) Eliette Contreras, ASM I Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (562) 908-3580 ElietteContreras@dpss.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🔳 Event Description: Los Angeles County Fair Date(s) 05 , 03 , 2024 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Los Angeles County Fair Association 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes International Institute of Los Angeles Per Ticket Policy (Refer to Ticket Policy) 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 Name of Outside Organization C. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (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. Eliette Contreras ASM I

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gnature of Agency Head or Designee

Comment:

Clear

Print Name

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



| • | 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 | | | | | |
| | International Institute of Los Angeles | 10 | LA County Fair Tickets | | | | | |
| | | | Ticket #'s: 5709-5718 | | | | | |
| | | | x Gulinde | | | | | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: | | | | | |
| | | | Ceremonial Role Other Income Income Income Income | | | | | |
| • | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: | | | | | |
| | | | Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below: | | | | | |
| • | | | Ceremonial Role Other Income Income It 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) Eliette Contreras, ASM I Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (562) 908-3562 ElietteContreras@dpss.lacounty.gov Date of Original Filing: (montin, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🗌 No 🔳 Event Description: Los Angeles County Fair Date(s) __05 03 2024 2024 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 \(\square\) No \(\square\) 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 10 Per Ticket Policy (Refer to Ticket Policy) Mexican American Opportunity Foundation 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 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. Eliette Contreras Cliette Contreras
Signature of Agency Head or Designee ASM I 05/09/24 Print Name Title (month, day, year)

Print

Comment:

Clear

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



| | gency Name os Angeles County Department of Public Social | Services | |
|----|--|-----------------------------------|--|
| 3. | Recipients | | 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 |
| | Mexican American Opportunity Foundation | 10 | LA County Fair Tickets |
| | | | Ticket #'s: 5719-5728 |
| | | | × Attituss. |
| | 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: |
| ā• | | | Ceremonial Role Other Income Income Income 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 |
| 6 | | | <u> </u> |
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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) Eliette Contreras, ASM I Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (562) 908-3580 ElietteContreras@dpss.lacounty.gov Date of Original Filing: -(month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🔳 Event Description: Los Angeles County Fair Date(s) _05 03 2024 05 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Los Angeles County Fair Association Yes 🗌 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No 🔳 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Options for Learning Per Ticket Policy (Refer to Ticket Policy) Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role

| | | | 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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| Verifica | | | |
| l have rea | ad and understand FPPC Regulations 18 | 1944.1 and 18942. I | have verified that the distribution set forth above, is in accordance |

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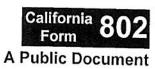
Comment:

Signature of Agency Head or Designee

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Print Name

Eliette Contreras



| | 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 | 10 | LA County Fair Tickets | | | | |
| | | | Ticket #'s: 5729-5738 | | | | | |
| | | | Xahley Lyaran | | | | | |
| | 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 Income | | | | | |
| | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: | | | | | |
| : · | 2 | | 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. | | | | | |
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| | | ts and Ticket/l | Pass Disti | ributions | A | Public Documen | |
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| 1. Agency | | | | | Date Stamp | 第1000年100日本土地区域的 | |
| Los Ang | eles County Depart | ment of Public Soci | al Services | | | Form 802 | |
| | Department, or Reg | | | | 1 | For Official Use Only | |
| | | Monitoring Division | 1 | | | | |
| | ed Agency Contact | Name, Title) | | | 1 | | |
| | ontreras, ASM I | | | | D Amanda and its in | | |
| | e/Phone Number | E-mail | | | Amenament (Must F | Provide Explanation in Part 3.) | |
| (562) 90 | 8-3580 | ElietteContreras@ | dpss.lacount | y.gov | Date of Original Filing: | (month, day, year) | |
| | Function or Event Information | | | | | | |
| Does the | agency have a tick | et policy? Yes | □ No 🗐 F | ace Value of | Each Ticket/Pass \$ | | |
| Event De | escription: Los Ange | eles County Fair | | Date(s)05 | , 03 , 2024 | 05 , 27 , 2024 | |
| Ticket(s) | Pass(es) provided | Provide Title/Expla | anation | | eles County Fair Asso | | |
| | | | | 1 no | Name of Source | ociation | |
| Was ticke | Was ticket distribution made at the behest Yes | | □ No 🔳 | f yes: | | | |
| of agend | cy official? | | | | Official's Name (Last, First) | | |
| . Recipi | Recipients | | | | | | |
| • Use Secti | on A to identify the agend | y's department or unit. • | Use Section B to i | dentify an individu | al. Use Section C to identify | y an outside organization | |
| Α. | | | Number of Ticket(s)/ Passes | | the public purpose made pursuant to the agency's poli | | |
| Pathwa | Pathways LA | | | Per Ticket P | olicy (Refer to Ticket | Policy) | |
| В. | Name of Indiv | | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: | |
| | | | | | nial Role Other or "Other" desc | Income Cabb below: | |
| | | | | | nial Role Other Og "Ceremonial Role" or "Other" desc | Income Income | |
| C. | 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 polic | | |
| - | | | | | | | |
| Verification I have read with the requirements | and understand FPP(| Regulations 18944.1 | 1 and 18942. I I | have verified tha | at the distribution set for | th above, is in accordance | |
| 471 | 10 1/11 | Eliette Contrer | | ASM I | | | |

Comment: _



| | gency Name os Angeles County Department of Public Social | Services | |
|-----------------|---|-----------------------------------|--|
| 3. Recipients | | | 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 |
| | Pathways LA | 10 | LA County Fair Tickets |
| | | | Ticket #'s: 5739-5748 |
| | | | Jak - |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | | Ceremonial Role Other Income Income Income Income |
| 10 - | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| 9 | | | Ceremonial Role Other Income Income |
| - | | | 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 |
| - | | | <u> </u> |
| - | | | |
| - | | | |
| - | | | |

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A Public Document

| 1. | Agency Name | | The second secon | mulic bocument | | |
|-----|--|---------------------------|--|-------------------------|--|--------------------------------|
| | Los Angeles County Depart | ment of Public Soci | al Sentices | | Date Stamp | California 802 |
| | Division, Department, or Reg | ion (if applicable) | ai Services | | | Form OUZ For Official Use Only |
| | Contract Administration and | | | 1 of Official Use Unity | | |
| | Designated Agency Contact | (Name Title) | | | | |
| | | vame, rae) | | | | |
| | Eliette Contreras, ASM I Area Code/Phone Number | TE | | | Amendment (Must Prov | vide Explanation in Part 2.1 |
| | | E-mail | | | | The Explanation in Part 3.) |
| | (562) 908-3580 | ElietteContreras@ | dpss.lacounty | y.gov | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | (month, day, year) | |
| | Does the agency have a tick | 9 12 12 12 | □ No 🗐 F | ace Value of I | Each Ticket/Pass \$ | |
| | Event Description: Los Ange | | | | | |
| | Event Beschption. | Provide Title/ Expla | nation L | Jate(s) | , 03 , 2024 | 05 , 27 , 2024 |
| | Ticket(s)/Pass(es) provided | | | f no: Los Ang | eles County Fair Associ | iation |
| | Market details | 2002 720 10 | | | Name of Source | |
| | Was ticket distribution made | at the behest Yes | □ No 🗐 📙 | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | Onicial's Name (Last, First) | |
| 3. | Recipients | | | | | |
| | | cy's department or unit • | Use Section R to i | dontify an individu | | |
| | Use Section A to identify the agency's department or unit. Use Section B to identify an individual | | | | al. Use Section C to identify a | n outside organization. |
| | A. Name of Agency, Depart | rtment or Unit | Number of Ticket(s)/ Passes | Describe the | public purpose made pursua | ant to the agency's policy |
| | Pomona Unified School District | | | 450 2000 20 | | |
| | | STRICT | | Per Ticket P | olicy (Refer to Ticket Po | olicy) |
| | | | | | | |
| | | | | | | |
| | B. Name of Indiv | | Number of Ticket(s)/ | | Identify one of the follo | wing: |
| | (Last, First | , | Passes | | | |
| | | | | | onial Role Other Ong "Ceremonial Role" or "Other" describe | Income Income |
| | | | | | | |
| | | | | | nial Role Other | Income [|
| | | | | If checkin | ng "Ceremonial Role" or "Other" describe | a below. |
| | | | | | | |
| | C. Name of Outside Org | anization escription) | Number of Ticket(s)/ Passes | Describe the | public purpose made pursuar | nt to the agency's policy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | | | | | | |
| | <i>Verification</i> | | | | | |
| 1 | have read and understand FPP | C Regulations 18944. | 1 and 18942. I | have verified tha | at the distribution set forth | above is in accordance |
| ı | with the requirements. | | | | | abovo, io in accordance |
| 81 | TOURING | Eliette Contrer | as | ASM I | | 5toby |
| / | Signature of Agency Head or Designee | Prir | nt Name | | Title | (month, day year) |
| | Comment: | | | | | , , , , , , , , , |
| - 1 | Comment. | | | | | |



| | gency Name os Angeles County Department of Public Social | Services | | | |
|--|--|-----------------------------------|--|--|--|
| 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 of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | |
| | Pomona Unified School District | 20 | LA County Fair Tickets | | |
| | | | Ticket #'s: 5749-5768 | | |
| | | | De la companya della companya della companya de la companya della | | |
| | B. Name of Individual (Lest, First) | Number of Ticket(s)/ Passes | Identify one of the following: | | |
| | | | Ceremonial Role Other Income Income Income Income | | |
| 9 | | | Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below: | | |
| | | | Ceremonial Role Other Income I | | |
| - | | | Ceremonial Rolo 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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| eremoniai Role Even | ts and Ticket/P | ass Distri | butions | | A Public Document |
|---|-----------------------|-----------------------------------|--|---|---|
| Agency Name | | | Date Stamp | Galifornia 802 | |
| Los Angeles County Depart | | l Services | | | SERBOLATOR STANCE AND EAST OF EAST OF THE SERVICE AND SERVICE SERVICES. |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Contract Administration and | | | |] | |
| Designated Agency Contact (| Name, Title) | | | | |
| Catherin Yamzon, ASM I | · | | | Amendment (Mu. | st Provide Explanation in Part 3) |
| Area Code/Phone Number | E-mail | 2010 | 274 00000 | | |
| (562) 908-4434 | CatherineYamzon@ | dpss.lacoun | ty.gov | Date of Original Filin | (month. day, year) |
| Function or Event Infor | mation | | | | |
| Does the agency have a tick | - Vi 1500 Hillion 1 |] No 🗐 F | ace Value of | Each Ticket/Pass \$ | |
| Event Description: Los Ange | eles County Fair | | ate(s)05 | , 03 , 2024 | 05 , 27 , 2024 |
| | Provide Title/ Explai | nation | | geles County Fair A | ssociation |
| Ticket(s)/Pass(es) provided | by agency? Yes [| □ No 📰 If | no: | Name of Source | 3300/41/01/ |
| Was ticket distribution made | at the hehest Voc. | ⊐ No ■ If | yes: | | |
| of agency official? | at the benest 165 | □ 140 圖 | , | Official's Name (Last Fir | rst) |
| or against amount | | | | | |
| Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify | | | | | ntify an outside organization. |
| A. Namo of Agency, Department or Unit | | Number of Ticket(s)/ Passes | | | pursuant to the agency's policy |
| K-Step Montessori Vermont Child Care Center | | 24 | Per Ticket Policy (Refer to Ticket Policy) | | et Policy) |
| B. Name of Individual | | Number of Ticket(s)/ | | Identify one of t | ne following: |
| (Last, Fir | st) | Passes | | | |
| | | | | nonial Role Othe king "Geremonial Role" or "Othe | |
| | | | | nonial Role Othe king "Ceremonal Role" or Othe | |
| C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made | pursuant to the agency's policy |
| | | | | | |
| | | | | | |
| Verification | | | | | |
| Verification I have read and understand FF with the requirements. | PPC Regulations 1894- | 1.1 and 18942. | I have verified | that the distribution se | et forth above, is in accordance |
| I have read and understand FF | | | I have verified | | et forth above, is in accordance 04/29/24 |





| Continuation S | Sheet | | A Public Document |
|--|--|-----------------------------------|--|
| Agency Name Los Angeles Coun | ty Department of Public Soci | ial Services | |
| Recipients • Use Section A to ide | entify the agency's department or unit | . •Use Section B to i | 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 |
| K-Step Montes Center | sori Vermont Child Care | | LA County Fair Tickets |
| | | | Ticket #'s: 4587-4610 |
| 7 | | | × Silva Lodugra |
| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| (Acces of the state of the sta | | | Ceremonial Role Other Income Income If checking 'Ceremonial Role' or 'Other' describe below |
| | | | Ceremonial Role Other Income I |
| | | | Ceremonial Role Other Income Income Income Income |
| | | | Ceremonial Role Other Income Income Income Carecking Ceremonial Role' or 'Other' describe below |
| | e of Outside Organization le 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 Events and Ticket/Pass Distributions | A Public Document | | |
|---|-------------------|---------------------------------|--|
| 1. Agency Name | Date Stamp | California 802 | |
| County of Los Angeles | 1 | | |
| Division, Department, or Region (if applicable) | 1 | For Official Use Only | |
| DPSS, BSO, CPMD, Toy Loan and Volunteers Services Section | | | |
| Designated Agency Contact (Name, Title) | 1 | | |
| Raven Lopez, Interim Volunteer Programs Coordinator II | Amendment (Must | Provide Explanation in Part 3) | |

| | Division, Department, or Reg | | For Official Use Only | | | |
|------------------|--|-----------------------------|-----------------------------------|--|--|--|
| | DPSS, BSO, CPMD, Toy Lo | oan and Volunteers S | | | | |
| | Designated Agency Contact | (Name, Title) | | | | |
| | Raven Lopez, Interim Volun | teer Programs Coord | dinator II | | Amendment (Must Pro | vide Explanation in Part 3.1 |
| | Area Code/Phone Number | E-mail | | | Americane (mastrio | noe Explanation III r an 3) |
| | (323)986-2728 | RavenLopez@dpss | s.lacounty.go | / | 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 \$ | 20.00 |
| | Event Description: LA Cour | 26 SA 100305707 | | oate(s) 05/03 | 1/2024 | 05/27/2024 |
| | Event Description: | Provide Title/ Explai | nation | ale(s) ooroo | <u></u> | 1012112024 |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ■ No 🗆 If | no: LA Cou | nty Fair Association | |
| | 11/ - P. C. 1 - D. 1 - L. D. 1 - L | | | | Name of Source | |
| | Was ticket distribution made of agency official? | e at the benest Yes [| _l No ■ IT | yes: | Official's Name (Last, First) | |
| | or agency officials | | | | | |
| ١. | Recipients | | | | | |
| | Use Section A to identify the ager | ncy's department or unit. • | Use Section B to i | dentify an individu | ual. Use Section C to identify | an outside organization. |
| | A. Name of Agency, Department | artment or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | |
| | Potrero Heights Commun Center | ity and Senior | 9 | (Refer to Ti | cket Policy) | |
| | Alma Family Service Cen | ter | 9 | (Refer to Ti | cket Policy) | |
| | B. Name of Ind | | Number of Ticket(s)/ Passes | | Identify one of the fol | lowing: |
| | Adriana Arevalo | | 4 | | nonial Role Other Making "Ceremonial Role" or "Other" descri | Income Income |
| Clara Villalobos | | 4 | | nonial Role Other Ming "Ceremonial Role" or "Other" described | Income Income | |
| | C. Name of Outside C | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursu | uant to the agency's policy |
| | - | | | | | |
| | | | | | | |
| ١. | Verification | | | | | 16 1 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | I have read and understand FF with the requirements. | PPC Regulations 18944 | .1 and 18942. | I have verified | that the distribution set for | tn above, is in accordance |
| | And Charles | Shannon Dei | nbv | ASM | H | 05/22/2024 |
| Shannon Denby A | | | | | · ·· | - Contract of the second |

| 4. | | rif | | | |
|----|--|-----|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

Comment: _

| texcent | Shannon Denby | ASM II | 05/22/2024 |
|--------------------------------------|---------------|--------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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3.



| TO 1151 | Name of Los Angeles | | |
|---|---|-----------------------------------|--|
| Red | ipients | . •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 |
| | Angeles City College Child Development | 5 | (Refer to Ticket Policy) |
| EII | Nido Family Center | 7 | (Refer to Ticket Policy) |
| Cor | mmunity Development Center Friendship ademy - Wilmington | 7 | (Refer to Ticket Policy) |
| Los | Angeles Mission College | 9 | (Refer to Ticket Policy) |
| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | | Ceremonial Role Other Income Income Income Income |
| Cla | Claudia Solis | | |
| | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below. |
| *************************************** | | | 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 |
| с. — | 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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|----------------|--|-----------------------------------|---|
| | of Los Angeles | | |
| ·Use | pients Section A to identify the agency's department or un | nit. •Use Section B | to identify an individualUse 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 |
| The | San Gabriel Pomona Parent's Place | 4 | (Refer to Ticket Policy) |
| | | | |
| 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 |
| S 7 | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below |
| 3 | | | 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 |
| | | | |
| | | | |
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