

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

A Public Document

<b>1. Agency Name</b> DEPARTMENT OF PARKS AND RECREATION <b>Division, Department, or Region</b> (if applicable) DEPARTMENT OF PARKS AND RECREATION <b>Designated Agency Contact</b> (Name, Title) ELVA ESPINOZA <b>Area Code/Phone Number</b> 626-588-5382		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
<b>E-mail</b> eespinoza@parks.lacounty.gov		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$32.00  
Event Description: LA COUNTY FAIR TICKETS Date(s) 05/02/2025 05/26/2025  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles County Fair Association  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Parks and Recreationn - East Agency	50	Youth Programs wthin the Department of Parks and Recreation (Our SPOT)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

**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.

 Norma E. Garcia-Gonzalez Director 04/28/2025  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

Print

Clear