

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

A Public Document

1. Agency Name Los Angeles County Department of Public Social Services Division, Department, or Region (if applicable) Contract Administration and Monitoring Division Designated Agency Contact (Name, Title) Brandi Green, ASM I Area Code/Phone Number E-mail (562) 908-4434 BrandiGreen@dpss.lacounty.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 / 07 / 2026 05 / 31 / 2026
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
K-Step Montessori Crossroads Child Care Center	7	Per Ticket Policy (Refer to Ticket Policy)
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.

	Brandi Green	ASM I	04/28/2026
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

See attached log for list of individuals.

Comment: _____

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 Continuation Sheet

Agency Name
 Los 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
K-Step Montessori Crossroads Child Care Center	7	LA County Fair Tickets Ticket #'s: 424 - 430
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"/> <i>If checking "Ceremonial Role" or "Other" describe below</i>
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Print **Clear**