

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 <i>(if applicable)</i> Contract Administration and Monitoring Division Designated Agency Contact <i>(Name, Title)</i> 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 <i>(Must Provide Explanation in Part 3.)</i> 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 Exposition Park Child Care Center	5	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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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)

Comment: See attached log for list of individuals.

Print
Clear

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
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 Exposition Park Child Care Center	5	LA County Fair Tickets
		Ticket #: 431 - 435
		x <i>Volunteer</i>
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>
		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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