

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

A Public Document

1. Agency Name Los Angeles County Department of Public Social Services		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Contract Administration and Monitoring Division			
Designated Agency Contact (Name, Title) Eliette Contreras, ASM I		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (562) 908-3580	E-mail ElietteContreras@dpss.lacounty.gov		

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
Child Care Resource Center	11	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.

Eliette Contreras Eliette Contreras ASM I 05/07/26
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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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
Child Care Resource Center	11	LA County Fair Tickets Ticket #'s: 510 - 520
		x O-B-#
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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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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