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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number  213-974-4111
   E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 20.00
   Event Description: Pomona Fairplex
   Date(s) 05 / 05 / 2022 05 / 30 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Name of Source
   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

   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 ☐
   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
   God's Pantry 10 Per ticket policy 5.3 (i)

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.

   Signature of Agency Head or Designee
   Barbara Garcia
   Administrative Director
   5/23/2022

   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass: $20.00
   Event Description: Pomona Fairplex
   Date(s): 05/05/2022 05/30/2022
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Name of Source
   If yes: Name of Source (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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</tbody>
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<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just Us 4 Youth</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
<td></td>
</tr>
</tbody>
</table>

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.
   Signature of Agency Head or Designee
   Barbara Garcia
   Administrative Director
   Print Name
   Title
   5/23/2022
   (month, day, year)
   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number E-mail
   213-974-4111 bgarcia@bos.lacounty.gov

   Date Stamp California Form 802
   For Official Use Only

   □ 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 [X] Face Value of Each Ticket/Pass $ ___________ 20.00
   Event Description: Pomona Fairplex
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X] Date(s) 05/05/2022 05/30/2022
   If no: Name of Source
   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)/| Describe the public purpose made pursuant to the agency's policy
     Passes

   B. Name of Individual | Number 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:

   C. Name of Outside Organization | Number of Ticket(s)/| Describe the public purpose made pursuant to the agency’s policy
     (include address and description) | Passes

     Sunshine Park 10 Per ticket policy 5.3 (i)

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.

   Signature of Agency Head or Designee [Handwritten]
   Barbara Garcia [Print Name]
   Administrative Director [Print Name]
   Title [Print Name]
   5/23/2022 (month, day, year)

   Comment: [Handwritten]

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisor, First District
Designated Agency Contact (Name, Title)
Barbara Garcia, Ticket Administrator
Area Code/Phone Number 213-974-4111
E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ■ No □
Face Value of Each Ticket/Pass $ 20.00
Event Description: Pomona Fairplex
Date(s) 05 / 05 / 2022 05 / 30 / 2022
Ticket(s)/Pass(es) provided by agency? Yes □ No ■
If no: 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowland Heights Women's Club</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

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.

Barbara Garcia
Administrative Director 5/23/2022
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles  
Division, Department, or Region (if applicable)  
Board of Supervisor, First District  
Designated Agency Contact (Name, Title)  
Barbara Garcia, Ticket Administrator
Area Code/Phone Number  
213-974-4111  
E-mail  
bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy?  
Yes □  No □  
Face Value of Each Ticket/Pass $  
20.00
Event Description: Pomona Fairplex  
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  
Yes □  No □  
Date(s)  
05 / 05 / 2022  
05 / 30 / 2022
If no:  
Name of Source
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
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 □
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
Vietnamese Community of Pomona Valley  
10  
Per ticket policy 5.3 (i)

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.

Signature of Agency Head or Designee  
Barbara Garcia  
Administrative Director  
5/23/2022  
Print Name  
Title  
(month, day, year)

Comment:

Print  
Clear

FPPC Form 802 (2/2016)  
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   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number 213-974-4111
   E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 20.00
   Event Description: Pomona Fairplex
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Date(s) 05 / 05 / 2022 05 / 30 / 2022
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<th>Name of Individual (Last, First)</th>
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<tr>
<td></td>
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<td>Ceremonial Role [ ] Other [ ]</td>
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<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td>Proyecto Del Barrio</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
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</table>

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.
   Signature of Agency Head or Designee
   Barbara Garcia
   Administrative Director
   Print Name
   Title
   5/23/2022
   (month, day, year)

Comment: ________________________________

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Designated Agency Contact (Name, Title)
Barbara Garcia, Ticket Administrator
Area Code/Phone Number 213-974-4111
E-mail bgarcia@bos.lacounty.gov

**Date of Original Filing**

---

2. **Function or Event Information**

- Does the agency have a ticket policy? Yes [ ] No [X] Face Value of Each Ticket/Pass $ 20.00
- Event Description: Pomona Fairplex
- Date(s) 05/05/2022 05/30/2022
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- If no: Name of Source
- 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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
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<th>C.</th>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sowing Seeds for Life</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

---

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.

Signature of Agency Head or Designee
Barbara Garcia
Print Name
Administrative Director
Title
5/23/2022
(month, day, year)

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

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   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number
   213-974-4111
   E-mail
   bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Pomona Fairplex
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency official? Yes □ No □
   Face Value of Each Ticket/Pass $ 20.00
   Date(s) 05 / 05 / 2022 05 / 30 / 2022

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.

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<tr>
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</table>

   | Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
   |                                                               |                             |                                                               |
   | Project Hope                                                   | 10                          | Per ticket policy 5.3 (i)                                    |

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.
   Signature of Agency Head or Designee
   Barbara Garcia
   Administrative Director
   5/23/2022
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Barbara Garcia, Ticket Administrator
Area Code/Phone Number 213-974-4111
E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 20.00
Event Description: Pomona Fairplex
Date(s) 05 / 05 / 2022 05 / 30 / 2022
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: _____________________________________________
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victory Outreach West Covina</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

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.

[Signature of Agency Head or Designee]
Barbara Garcia
Administrative Director
Print Name
Title
5/23/2022 (month, day, year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
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Board of Supervisor, First District
Designated Agency Contact (Name, Title):
Barbara Garcia, Ticket Administrator
Area Code/Phone Number:
213-974-4111
E-mail:
bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 20.00
Event Description: Pomona Fairplex
Date(s) 05/05/2022 05/30/2022
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: ___________________________.
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tbody>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamond Bar Evergreen Senior Club</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

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.

Signature of Agency Head or Designee: [Signature]
Barbara Garcia
Administrative Director
Print Name
Title
5/23/2022 (month, day, year)

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

1. Agency Name
   County of Los Angeles
   Board of Supervisor, First District
   Barbara Garcia, Ticket Administrator

   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ ____________ 20.00
   Event Description: Pomona Fairplex
   Date(s) _______ / _______ / 2022 _______ / _______ / 2022
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: ____________________________
   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

   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:

   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
      Diamond Bar/Walnut AAUW 10 Per ticket policy 5.3 (i)

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.
   Signature of Agency Head or Designee: ____________________________
   Print Name: ____________________________ Administrative Director: ____________________________
   Title: ____________________________ 5/23/2022 (month, day, year)
   Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: County of Los Angeles
Division, Department, or Region (if applicable): Board of Supervisor, First District
Designated Agency Contact (Name, Title): Barbara Garcia, Ticket Administrator
Area Code/Phone Number: 213-974-4111
E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $ 20.00
Event Description: Pomona Fairplex
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
Date(s) 05 / 05 / 2022 05 / 30 / 2022
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

3. Recipients

A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy

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 [ ]
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
Rowland Heights Chinese Association 10 Per ticket policy 5.3 (i)

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.

Signature of Agency Head or Designee
Barbara Garcia
Administrative Director
Print Name
Title
5/23/2022
(month, day, year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number 213-974-4111
   E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 20.00
   Event Description: Pomona Fairplex
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Date(s) 05 / 05 / 2022 05 / 30 / 2022
   If no:
   Name of Source
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covina YWCA</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

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.
   Signature of Agency Head or Designee  
   Barbara Garcia  
   Administrative Director  
   5/23/2022 (month, day, year)