

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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
Provide Title/ Explanation

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)

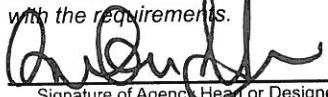
3. Recipients

• 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 <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
CultivaLA	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
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

Comment: _____

Print

Clear

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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

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 ☐

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex

Provide Title/ Explanation

Date(s) 05 / 05 / 2022 05 / 30 / 2022

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Yes ☐ No ☒

If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
SGVCC	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

Print Name

Administrative Director

Title

5/23/2022

(month, day, year)

Comment: _____

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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
Provide Title/ Explanation

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

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		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
Hacienda Heights Women's Club	10	Per ticket policy 5.3 (i)

4. Verification

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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
Provide Title/ Explanation

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:
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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
Potrero Heights Service	10	Per ticket policy 5.3 (i)

4. Verification

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 Signature of Agency Head or Designee
 Barbara Garcia
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 Administrative Director
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 (month, day, year)

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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

Provide Title/ Explanation

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)

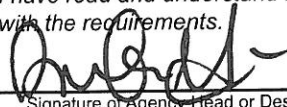
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
SGV Services Center	10	Per ticket policy 5.3 (i)

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.


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

Comment: _____

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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
Provide Title/ Explanation

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: _____
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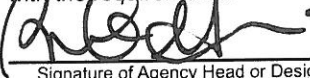
3. Recipients

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		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
ActiveSGV	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.


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

Comment: _____

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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

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Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)


3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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		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
Hsi Lai	10	Per ticket policy 5.3 (i)

4. Verification

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

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

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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
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		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
Hacienda Heights Kiwanis Club	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.

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

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
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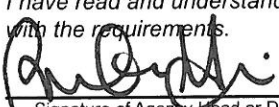
3. Recipients

• 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
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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
Alhambra Dream Center	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.


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

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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
Chinatown Service Center	10	Per ticket policy 5.3 (i)

4. Verification

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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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
Servants Arms	10	Per ticket policy 5.3 (i)

4. Verification

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

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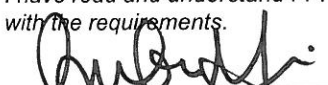
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
La Casa de San Gabriel	10	Per ticket policy 5.3 (i)

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.

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

Comment: _____

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

A Public Document

1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
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	<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 \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022
Provide Title/ Explanation

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 <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
HLPUSD	20	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
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

Comment: _____

Print

Clear