Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 05 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 If no: . If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Per ticket policy 5.3 (i) 10 CultivaLA 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 th the requirements. 5/23/2022 Administrative Director Barbara Garcia (month, day, year) Print Name Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 Date(s) -Provide Title/ Explanation If no: . Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Per ticket policy 5.3 (i) 10 SGVCC 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 the requiremen 5/23/2022 Administrative Director Barbara Garcia (month, day, year) Title Print Name Comment:

Agency Report of: Ceremonial Role Ever	nts and Ticket/l	Pass Distri	butions	Α	Public Document	
I. Agency Name				Date Stamp	California 802	
County of Los Angeles					Form OUZ For Official Use Only	
Division, Department, or Re	gion (if applicable)				POI Official Use Offiy	
Board of Supervisor, First	District					
Designated Agency Contact						
Barbara Garcia, Ticket Adr				Amendment (Must Provide Explanation in Part		
Area Code/Phone Number	E-mail			Amendment (mass)	,00000 = ,00000	
213-974-4111	bgarcia@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)	
2. Function or Event Info	rmation				20.00	
Does the agency have a tid	cket policy? Yes			Each Ticket/Pass \$		
Event Description: Pomon	a Fairplex	D	oate(s)05	052022	05 , 30 , 2022	
Event Description.	Provide Title/ Exp	lanation				
Ticket(s)/Pass(es) provided	d by agency? Yes	s□ No■ If	no:	Name of Source		
Was ticket distribution mad	le at the behest Yes	s□ No ■ If	yes:	Official's Name (Last, First)		
of agency official?				Official's Name (Last, 1 119t)		
3. Recipients						
• Use Section A to identify the ago	ency's department or unit.	• Use Section B to id	dentify an individ	ual. Use Section C to identi	fy an outside organization.	
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
B. Name of In		Number of Ticket(s)/ Passes		Identify one of the	following:	
(Lds), F	il St)	Passes		monial Role Other C		
				monial Role Other C		
C. Name of Outside (include address at		Number of Ticket(s)/ Passes	Describe ti	he public purpose made pu	rsuant to the agency's policy	
Hacienda Heights Wome	10	Per ticket p	policy 5.3 (i)			
4. Verification						
I have read and understand F with the requirements.	PPC Regulations 1894	44.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordanc	
The late that	Barbara Ga	rcia	Adm	ninistrative Director	5/23/2022	
Gignature of Agency Head or Des		Print Name		Title	(month, day, year)	
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 05 Date(s). Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: _ Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes C. (include address and description) Per ticket policy 5.3 (i) 10 Potrero Heights Service 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 requirement 5/23/2022 Administrative Director Barbara Garcia Title (month, day, year) Print Name Signature of Agency Head or Designee Comment: _

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact (Name, Title)** Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 05 30 2022 Date(s). Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Per ticket policy 5.3 (i) 10 SGV Services Center 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 the requirements. 5/23/2022 Administrative Director Barbara Garcia (month, day, year) Title Print Name Head or Designee Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 05 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ Passes C. (include address and description) Per ticket policy 5.3 (i) 10 ActiveSGV 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 the equirements 5/23/2022 Administrative Director Barbara Garcia Title (month, day, year) Print Name Signature of Agency Head or Designee Comment: _

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact (Name, Title)** Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☐ No ■ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (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. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Hsi Lai 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 regarirements Administrative Director 5/23/2022 Barbara Garcia (month, day, year) Print Name Signature of Agency Head or Designee Comment:

Agency Report of:

	emonial Role Even	ts and Ticket/F	Pass Dist	ributions	A	Public Document
1. A	gency Name	***			Date Stamp	California 802
	ounty of Los Angeles					Form For Official Use Only
	Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title)					For Official Ose Offig
	arbara Garcia, Ticket Adm	S SES 65.5				
	ea Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part	
21	13-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2. F	unction or Event Infor	mation				
Do	oes the agency have a tick	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$ _	20.00
E۱	vent Description: Pomona	Fairplex	2	Date(s)	, 05 , 2022	05 , 30 , 2022
		Provide Title/ Expla	anation			
Tie	cket(s)/Pass(es) provided	by agency? Yes	□ No ■	If no:	Name of Source	
	as ticket distribution made f agency official?	at the behest Yes	□ No ■	If yes:	Official's Name (Last, First)	
	Recipients Use Section A to identify the agen	cy's department or unit. •		identify an individu	al. Use Section C to identif	fy an outside organization.
4	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
- E	Name of Indiv	vidual	Number of Ticket(s)/		Identify one of the f	ollowing:
1	(Last, Firs	it)	Passes			
					onial Role Other Cing "Ceremonial Role" or "Other" de:	THE STATE OF THE S
-	3				onial Role Other on "Other" des	- Acceptance -
C	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pure	suant to the agency's policy
Hacienda Heights Kiwanis Cl		Club	10	Per ticket po	licy 5.3 (i)	
==			ý			
I he	rification ave read and understand FPF of the requirements.	PC Regulations 18944	.1 and 18942.	I have verified th	nat the distribution set fo	rth above, is in accordance
	habah.	Barbara Garc	ia	Admir	nistrative Director	5/23/2022
-	Signature of Agency Need or Designe	e Pr	int Name		Title	(month, day, year)

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Pomona Fairplex 2022 30 2022 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☐ No ■ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (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. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Per ticket policy 5.3 (i) Alhambra Dream Center 10 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 th the requirement 5/23/2022 Barbara Garcia Administrative Director Title (month, day, year) Signature of Agency Head or Designee Print Name

Print

Agency Report of:

Comment: _

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 Date(s). Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Chinatown Service Center 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 lequirements. 5/23/2022 Administrative Director

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(month, day, year)

Title

Signature of Agency Head or Designee

Comment: _

Barbara Garcia

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 05 30 2022 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (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: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per ticket policy 5.3 (i) 10 Servants Arms 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

(month, day, year)

Comment:

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex Date(s) 05 30 2022 Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) La Casa de San Gabriel 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/fixe requirements.				

(0	MA	Du	M	·
Sign	ature of	Agency He	ead or	Designee

Comment:

Barbara Garcia

Administrative Director

5/23/2022

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income Other | If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes C. (include address and description) 20 Per ticket policy 5.3 (i) **HLPUSD** 4. Verification 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 Title (month, day, year)

Comment:

Administrative Director

Barbara Garcia

5/23/2022