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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Community & Senior Services (CSS)

   Designated Agency Contact (Name, Title)
   Rafael Carbajal

   Area Code/Phone Number   E-mail
   213-738-2065       rcarbajal@css.lacounty.gov

   □ 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 ☐

   Event Description: Los Angeles County Fair

   Face Value of Each Ticket/Pass $ ____________

   Date(s)       08 / 31 / 12       09 / 30 / 12

   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? No ☑ Yes ☐

   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

   CSS, Community and Senior Centers Div

   Number of Ticket(s)/Pass(es) 50

   Describe the public purpose made pursuant to the agency's policy

   Supporting and showing appreciation for community programs and services that benefit County residents.

   B. Name of Individual

   (Last, First)

   Number of Ticket(s)/Pass(es)

   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)/Pass(es)

   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understood 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

   Cynthia D. Banks
   Print Name

   Director ____________ (Month, Day, Year)

   Comment: ____________________________

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)