**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
   - Designated Agency Contact (Name, Title)
   - Ericka Vayas
   - Area Code/Phone Number: 213-738-2065
   - E-mail: evayas@css.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes X No □**
   - Face Value of Each Ticket/Pass $ __________
   - Event Description: Los Angeles County Fair
   - Date(s): 09 / 04 / 15 9 / 27 / 15
   - Ticket(s)/Pass(es) provided by agency? **Yes □ No X**
   - If no: Los Angeles County Fair Association
   - Name of Source
   - Was ticket distribution made at the behest of agency official? **No □ Yes X**
   - 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
     - Community Centers
     - Number of Ticket(s)/Pass(es): 50
     - Describe the public purpose made pursuant to the agency’s policy: Supporting and/or showing appreciation for community and non-profit programs or services, including youth programs, 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:

   - **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 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
   - Ericka Vayas
   - Ticket Administrator
   - Print Name
   - Title
   - 9/02/2015
   - (Month, Day, Year)

Comment: ____________________________

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