	-		_		/10-0-000 CH 1-000
A	Pul	olic	Do	CU	ment

1.	Agency Name		COMPANY MANAGEMENT AND ADDRESS OF THE PARTY	Date Stamp	California 802	
	County of Los Angeles				Form COZ	
	Division, Department, or Region (If Applicable)			1	For Official Use Only	
	Toy Loan Program	Toy Loan Program				
	Designated Agency Contact (Name, Title)			1		
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
	Z man			Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(World, Day, Tear)	
	923 921 DI 192 DI 193 193 193 193	Yes 🛛 No 🗆	Face Value of	of Each Ticket/Pass \$ _	20.00	
	Event Description Los Angeles County F Provide Title/Expla	nation	_ Date(s)	9 / 04 / 15	09 / 27 / 15	
	F1 // \/D / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes □ No 🏻	If no: Los A	ngeles County Fair		
	Was ticket distribution made at the behest of agency official?	No 🏿 Yes 🗆	If yes:	Official's Name ((Last, First)	
_				Market and Market State of William		
٥.	Recipients • Use Section A to identify the agency's department or u	nit • Use Section	B to identify an individu	ual • Use Section C to iden	atify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	nderprants extraorderes per	
	LA County Community & Senior Services East Los Angeles Service Center					
	LA County Community & Senior Services- Potrero Heights Park	20			_	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
			Ceremonial Role If checking "Ceremon	Other I isla Role" or "Other" describe below:	Income	
			Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
	Asian Youth Center	10				
	Verification I have read and understand FPRC Regulations 18944.1 and Marcia Signature of Agency Mead or Designee	18942. I have verified Blachman-Ben Print Name		orth above, is in accordance wi M II Title	th the requirements. 09/03/15 (Month, Day, Year)	
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name		D	ate Stamp	California 802
County of Los Angeles DPSS	County of Los Angeles DPSS			
Division, Department, or Region (If Applicab	le)			For Official Use Only
Contract Management Division				
Designated Agency Contact (Name, Title)				
Dale Oishi-Kocker, ASM I		ПА	andmont (Must am	vide explanation in Part 3.)
Area Code/Phone Number E-mail		LI Ame	mament (wast pro	vide explanation in Part 3.)
6		Date of	Original Filing:	(Month, Day, Year)
. Function or Event Information			172	00
Does the agency have a ticket policy?	Yes ☐ No 🏻	Face Value of Each T	icket/Pass \$ 170	20.00
Event Description Los Angeles County Fa		Date(s)	_/15	09 , 27 , 15
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No 🏻	If no: Los Angeles C	ounty Fair Asso Name of Sour	ociation
Was ticket distribution made at the behest of agency official?	No ⊠ Yes □	If yes:	Official's Name (La	st, First)
. Recipients				
Use Section A to identify the agency's department or	r unit. • Use Section B to	identify an individual. • Use	Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpos	e made pursuant to	o the agency's policy
City of Norwalk	20 300 Per	ticket policy (refer to Tic	ket Policy)	
B. Name of Individual	Number of Ticket(s)/	ldentify (one of the following	g:
(Last, First)	Pass(es)		MEMERICA CONTRACTOR	
		Ceremonial Role Ot If checking "Ceremonial Role" or "O	her L. ther describe below:	Income L
		Ceremonial Role Ot	her ther" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose	e made pursuant to	o the agency's policy
				. (
Varification				
. Verification I have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have verified tha	t the distribution set forth above, i	s in accordance with	the requirements.
Kale Opho tooke	Dale Oishi-Kocker		ASMI	9/10/2015
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment:				
Outilitions.				



	/ Name Angeles County DPSS		
	cipients e Section A to identify the agency's department o	or unit. • Use Sec	tion B to identify an individual. • Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Cit	y of Norwalk	2 Coor	Los Angeles County Fair Tickets
_			Ticket #s: 0819590-0819603, 0819618, 0938722-0938726
			9.19.15
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
8			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income 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

1.	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS				Form 002
	Division, Department, or Region (If Applicable	e)		1	For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Dale Oishi-Kocker, ASM I				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
				Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information			document of the second	10 00
	Does the agency have a ticket policy?	Yes ☐ No 🏻	Face Value of	of Each Ticket/Pass \$ _	18.00 \$28.00
	Event Description Los Angeles County Fa	ir lanation	Date(s)	, 04 , 15	09 , 27 , 15
	Ticket(s)/Pass(es) provided by agency?	Yes□ No⊠	If no: Los Ar	ngeles County Fair As Name of S	ssociation
	Was ticket distribution made at the behest	No⊠ Yes 🗆	If yes:	Official's Name	// act Eirch
	of agency official?	h.		Onicials Ivallie	(Last, Filst)
3.	Recipients • Use Section A to identify the agency's department or	unit - Usa Saction	. P to identify an individu	ual a Liea Saction C to ide	ntify an outside organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	
	Connections for Children	0.07 1/	Per ticket policy (re	fer to Ticket Policy)	
		Number of			
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremon	Other describe below:	Income
			Ceremonial Role If checking "Ceremoni	Other island of the control of the c	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	-				
	Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verifie	d that the distribution set fo	orth above, is in accordance w	ith the requirements.
73	Hal ()h. trakes	Dale Oishi-Koo	ker	ASM I	9/10/2015
/					



y Name Angeles County DPSS		
ecipients	ınit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
onnections for Children	2000	Los Angeles County Fair Tickets
(A)(Ticket #s: 0938747-0938766 0938108 and 0938109
		Received by: 414.15
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 Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
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
-	Angeles County DPSS cipients se Section A to identify the agency's department or to the Name of Agency, Department or Unit to the Department of Children Name of Individual (Last, First) Name of Outside Organization	Angeles County DPSS cipients se Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)

1.	Agency Name			Date Stamp	California 802	
	County of Los Angeles DPSS				Form COL	
	Division, Department, or Region (If Applicable	e)	TOO IS TO SHEET WAS A STREET OF THE SHEET OF	1	For Official Use Only	
	Contract Management Division	Contract Management Division				
	Designated Agency Contact (Name, Title)			1		
	Dale Oishi-Kocker, ASM I					
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
				Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information			Agency Control of the		
	Does the agency have a ticket policy?	Yes□ No⊠	Face Value of	of Each Ticket/Pass \$.	8,00 \$20.00	
	Event Description Los Angeles County Fa	ir	. Date(s)09	04 / 15	09 , 27 , 15	
	Ticket(s)/Pass(es) provided by agency?	Yes □ No 🏻	If no: Los Ar	ngeles County Fair As	ssociation	
	Was ticket distribution made at the behest of agency official?	No⊠ Yes □	If yes:	Official's Name	(Last, First)	
3.	Recipients					
٠.	Use Section A to identify the agency's department or	unit. • Use Section E	to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	Mexican American Opportunity Foundation	20 box Pe	Per ticket policy (refer to Ticket Policy)			
		Number of				
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	2		Ceremonial Role If checking *Ceremon	Other island of the control of the c	Income	
			Ceremonial Role If checking "Ceremon	Other I	Income :	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
4.	Verification I have read and understand FPPC/Regulations 18944.1 and	d 18942. I have verified	that the distribution set f	orth above, is in accordance w	vith the requirements.	
/	Signature of Agency Head or Designee	Dale Oishi-Kock	er	ASM I	9/10/2015 (Month, Day, Year)	
		ruik iyanie		1100	(monat, sey, red)	
	Comment:					



	cy Name s Angeles County DPSS		
3. R	ecipients	or unit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
A		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Fo	exican American Opportunity oundation	Wyork 20	Los Angeles County Fair Tickets
			Ticket #s: 0819630-0819649
			Received by: 9/14/15
В.	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 Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income 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
_			
-			

1.	1. Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS				Form OOL
	Division, Department, or Region (If Applicable)		1	For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)			1	
	Dale Oishi-Kocker, ASM I			Amandment /Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail			-	
	3*			Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				0.00
	Does the agency have a ticket policy?	Yes No [Face Value o	f Each Ticket/Pass \$	8.00
	Event Description Los Angeles County Fair Provide Title/Expla	nation		, 04 , 15	09 , 27 , 15
			If no. Los An	ngeles County Fair As	ssociation
	Ticket(s)/Pass(es) provided by agency?	Yes No [X 11110	Name of Se	ource
	Was ticket distribution made at the behest	No ⊠ Yes [☐ If yes:		
	of agency official?			Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or to	nit. • Use Sec	tion B to identify an individu	ial. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Options for Learning	20000	Per ticket policy (re	fer to Ticket Policy)	=
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the follow Other Gal Role" or "Other" describe below:	Income
			Ceremonial Role [Other I	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuan	t to the agency's policy
			e.		
1.	Verification	18942 have ver	ified that the distribution set fo	orth above, is in accordance w	ith the requirements.
/	tale later to	Dale Oishi-K	ocker	ASM I	9/10/2015
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment				



		Name		
_	Rec	ipients Section A to identify the agency's department	or unit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
	Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Opti	ons for Learning	20,004	Los Angeles County Fair Tickets
				Ticket #s: 0819650-0819663, 0938772-0938777
				Received by: Ivonne Machon 9/14/15
	В.	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 Income If checking "Ceremonial Role" or "Other" describe below:
1.7				Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
-				Ceremonial Role Other Income Income
(Э.	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
_				
_				

1.	Agency Name			Date Stamp	California QQQ
	County of Los Angeles DPSS			2222 3943 80	Form OUZ
	Division, Department, or Region (If Applicable	le)			For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Dale Oishi-Kocker, ASM I			Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes□ No⊠	Face Value o	f Each Ticket/Pass \$ _	18.00 \$2000 Th
	Event Description Los Angeles County Fa	air planation			09 , 27 , 15
	Ticket(s)/Pass(es) provided by agency?	Yes □ No ☒	If no: Los An	ngeles County Fair As	ssociation
	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	r unit. • Use Section	B to identify an individu	al. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
	Pathways LA	22 od F	er ticket policy (re	fer to Ticket Policy)	
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremoni	Other I	Income
			Ceremonial Role	Other all Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuan	t to the agency's policy
			,		
4.	Verification I have read and understand FP90 Regulations 18944.1 and	nd 18942. I have verifie	d that the distribution set fo	orth above, is in accordance w	ith the requirements.
1	Tale Contraction	Dale Oishi-Koo	ker	ASM I	9/10/2015
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				



	y Name				
3. Re	Angeles County DPSS ecipients				
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es) To unit. • Use Section B to identify an individual. • Use Section C to identify an outside organize organiz			
Pa	athways LA	2000	Los Angeles County Fair Tickets		
-			Ticket #s: 0938778-0938797		
			0938112 and 0938113 Received by: 9/14/15 / 2000		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
-			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
·			Ceremonial Role Other Income Income		
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		
-			8		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS			,	Form OOL
	Division, Department, or Region (If Applicable	e)		1	For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)			1	
	Dale Oishi-Kocker, ASM I				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
				Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Information				200
	Does the agency have a ticket policy?	Yes □ No 🗵	Face Value of	of Each Ticket/Pass \$.	18.00 \$29.00
	Event Description Los Angeles County Fa	ir		04 15	09 , 27 , 15
	Provide Title/Exp	lanation	Los Ar	agoles County Fair A	esociation
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No 🗵	If no: Los Ai	ngeles County Fair A Name of S	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	on B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
	Pomona Unified School District	22/500	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role If checking "Ceremon	Other island Role" or "Other" describe below	Income
			Ceremonial Role If checking "Ceremon	Other Interpretable of the control o	Income :
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	nt to the agency's policy
	*				
١.	Verification I have read and understand FRPC Regulations 18944.1 and	d 18942. I have verifi	ied that the distribution set fo	orth above, is in accordance v	vith the requirements.
	Hole Julio	Dale Oishi-Ko	ocker	ASM I	9/10/2015
1	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				



Recipients • Use Section A to identify the agency's department of	r unit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pomona Unified School District	20,004	Los Angeles County Fair Tickets
		Ticket #s: 0938798-0938817 0938711244 093811
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
(Last, First)	Pass(es)	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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
		,

1.	Agency Name			Date Stamp	California Ono
	County of Los Angeles DPSS			(0.000000000000000000000000000000000000	Form OUZ
	Division, Department, or Region (If Applicable)			For Official Use Only	
	Contract Management Division				
	Designated Agency Contact (Name, Title)	1			
	Dale Oishi-Kocker, ASM I			Amandment (Mark	(and ide augleration in Part 2)
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	× .			Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				19 00 \$3000
		Yes No		of Each Ticket/Pass \$.	10.00
	Event Description Los Angeles County Fair		Date(s)09	04 , 15	09 , 27 , 15
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No!	✓ If no: Los Ar	ngeles County Fair A	Source
	Was ticket distribution made at the behest				your oc
	of agency official?	No ⊠ Yes	lf yes:	Official's Name	(Last, First)
-	Recipients				
	Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency and the section A to identify the agency at the agenc	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
	Child Care Resource Center	22 Joh	Per ticket policy (re	efer to Ticket Policy)	
	No. of Latinidae	Number of			
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below	Income _
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below	Income _
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
١.	Verification I have reading understand PRPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set f	forth above, is in accordance v	with the requirements.
3	Stell Contaker	Dale Oishi-k	Kocker	ASM I	9/10/2015 (Month, Day, Year)
	Signature of Agency Head or Designee Comment:	rnnt Nam	o	1100	(monut, bdy, rout)



Recipients • Use Section A to identify the agency's department of	runit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Child Care Resource Center	20,90	Los Angeles County Fair Tickets
		Ticket #s: 0938727-0938746 0938 714 and 0938 715
		Received by: 9-14-cs
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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		

	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS				Form 002
	Division, Department, or Region (If Applicable)			For Official Use Only	
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Dale Oishi-Kocker, ASM I				
	Area Code/Phone Number E-mail			∴ 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	f Each Ticket/Pass \$.	18.00 \$28.00
	Event Description Los Angeles County Fai	ir Ianation	Date(s)09	0415	09 , 27 , 15
	Ticket(s)/Pass(es) provided by agency?	Yes □ No 🗵	If no: Los Ar	ngeles County Fair A	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 Secti	ion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursua	
5	International Institution of Los Angeles	44	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)	Pass(es)	0	Other	Income [
			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below	r
	2 2		If checking "Ceremon Ceremonial Role	ial Role" or "Other" describe below	Income [
	C. Name of Outside Organization	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below	Income [
	C. Name of Outside Organization (include address and description)		If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below Other ial Role" or "Other" describe below	Income [
		Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below Other ial Role" or "Other" describe below	Income [
		Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Other describe below	Income In



Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
international Institute of LOS Adapties	44	LOD ANGELES COUNTY FAIR TICKES
		TIEKET #31 0819664-0819668, and 0938769-0939
		RELEAVED BY (9/15/15
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
*		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial noie" or "Other" describe below:
,		Ceremonial Role Other Income 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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name			Date Stamp	California 802
County of Los Angeles DPSS				Form COZ
Division, Department, or Region (If Applicable	le)	1.	1	For Official Use Only
Contract Management Division				
Designated Agency Contact (Name, Title)			1	
Patricia Harris-Smith, ASM I			☐ Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			10000	**
			Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				& DD SOODOPH
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	5.00
Event Description Los Angeles County Fa	air planation	Date(s)	04 15	09 , 27 , 15
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles County Fair As	ssociation
(2). 222(23) p. 21222 2, 232,	103 🖂 110		Name of S	ource
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	☐ If yes:	Official's Name	(Last, First)
. Recipients				
Use Section A to identify the agency's department of		ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
Alta Med Health Services	12	Per ticket policy (re	efer to Ticket Policy)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(Last, First)	Pass(es)	Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
			Other in Oth	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
			- Marine Marine - Commence - Comm	
. Verification / Thay e read and understand FPPC Regulations 18944.1 as	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
Lathery Harry State	Patr icia Harri		ASM I	9/10/2015
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				
COMMITTER				



Agency Name Los Angeles County DPSS		A Public Documer
3. Recipients	r's department or unit	Section B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Departme	nt or Unit Number of Ticket(s)/Pass(es)	
Alta Med Health Services	12	Los Angeles County Fair Tickets
		Ticket #s: 0819578-0819589
		Received by:
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income
		Ceremonial Role Other Income Income
		Ceremonial Role Other Income Income Income
Name of Outside Organizat (include address and descrip	tion Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

		Special City Control Control	The Sea Alexander of the Sea Sea Sea Sea Sea Sea Sea Sea Sea Se		
1.	Agency Name		ř.	Date Stamp	California 802
	County of Los Angeles DPSS				Form COL
	Division, Department, or Region (If Applicable)				For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Patricia Harris-Smith, ASM I			☐ Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail		,	Amendment (wast)	provide explanation in Fall 5.)
				Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			1	(2 a 0 mar 1)
	Does the agency have a ticket policy?	Yes□ No		f Each Ticket/Pass \$ \(\)	8.00 \$20.00
	Event Description Los Angeles County Fair Provide Title/Expla.	nation	Date(s)09	, 04 , 15	09 , 27 , 15
			Los An	ngeles County Fair As	sociation
	Ticket(s)/Pass(es) provided by agency?	Yes \ No	If no:	Name of So	ource
	Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:		
	of agency official?			Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Children's Hospital of Los Angeles	12	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremoni	Identify one of the follow Other al Role" or "Other" describe below:	ving:
			Ceremonial Role If checking *Ceremoni	Other I all Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuan	t to the agency's policy
	Verification				
_	Lhave read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	ith the requirements.
_	Vittuera Hanger-Smith Pi	atricia Harri	s-Smith	ASM I	9/10/2015
_	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
	Comment:				



Los Angeles County DPSS		
Recipients Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Children's Hospital of Los Angeles	12	Los Angeles County Fair Tickets
		Ticket #s: 0819519, 0819619-0819629
		Received by:
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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
		•

				=
. Agency Name			Date Stamp	California Q02
County of Los Angeles DPSS				Form OUZ
Division, Department, or Region (If Applicable		For Official Use Only		
Contract Management Division				
Designated Agency Contact (Name, Title)				
Patricia Harris-Smith, ASM I				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
			Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes □ No		f Each Ticket/Pass \$ 18	100 \$20.00 1
Event Description Los Angeles County Fa	ir		, 04 , 15	
Event Description Los Angeles County Fa	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Los An	geles County Fair Ass	ociation
		_	Name of Soul	rce
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	☐ If yes:	Official's Name (La	aet Firet)
			Omora o Hamo (Ec	
Recipients • Use Section A to identify the agency's department or	unit a Use Sec	ction B to identify an individu	al . Use Section C to identif	fy an outside organization
Particular transfer and the second	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Foothill Family Services	40	Per ticket policy (re	fer to Ticket Policy)	
30 1	12			
	Number of			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	g:
	Pass(es)	Ceremonial Role	Other	Income
			al Role" or "Other" describe below:	
3	-			
		Ceremonial Role [Other al Role" or "Other" describe below:	Income
s				
C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
(include address and description)	Pass(es)			
Verification				
I have read and understand FPPC Regulations 18944.1 and	1 18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Charles I W Could Street	Patricia Harri		ASM I	9/10/2015
Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)
Comment:				<u> </u>



. Recipients • Use Section A to identify the agency's department	or unit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Foothill Family Services	12	Los Angeles County Fair Tickets
·		Ticket #s: 0819669-0819672, 0819570-0819577
		Received by:
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
22		Ceremonial Role Other Income [If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name			Date Stamp	California 202	
County of Los Angeles DPSS				Form OUZ	
Division, Department, or Region (If Applicable	9)			For Official Use Only	
Contract Management Division					
Designated Agency Contact (Name, Title)					
Patricia Harris-Smith, ASM I					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
			Date of Original Filing:	(Month, Day, Year)	
Function or Event Information				10:10	
Does the agency have a ticket policy?	Yes ☐ No!		f Each Ticket/Pass \$ _	18,00 \$28,00	
Event Description Los Angeles County Fa	ir Ianation	Date(s)09	, 04 , 15	09 , 27 , 15	
Ticket(s)/Pass(es) provided by agency?	Yes No	☑ If no: Los Ar	ngeles County Fair As	ssociation	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	☐ If yes:	Official's Name	(Last, First)	
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)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
El Nido Family Centers	14	Per ticket policy (refer to Ticket Policy)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
B. Name of Individual (Last, First)		Ceremonial Role If checking "Ceremon		Income [
B. Name of Individual (Last, First)	Ticket(s)/	If checking *Ceremon	Other ial Role" or "Other" describe below:	Income [
B. Name of Individual (Lest, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking *Ceremon. Ceremonial Role If checking *Ceremon.	Other	Income [
(Last, First) C. Name of Outside Organization	Number of Ticket(s)/	If checking *Ceremon. Ceremonial Role If checking *Ceremon.	Other	Income [
(Last, First) Name of Outside Organization	Number of Ticket(s)/	If checking *Ceremon. Ceremonial Role If checking *Ceremon.	Other	Income I	
C. Name of Outside Organization (include address and description) Verification	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pub	Other	Income In	
C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 18944.1 and	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pub	Other	Income Income Income	



	gency Name		A Public Documer			
	Los Angeles County DPSS					
3.	ecipients 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		Describe the public purpose made pursuant to the agency's policy			
-	El Nido Family Centers	14	Los Angeles County Fair Tickets			
			Ticket #s: 0819604-0819617			
			Received by: Lini Bennteon			
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
			Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below:			
			Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below:			
-			Ceremonial Role Other Income Income Income Other Other Other describe below:			
_			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
С	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			
_						