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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if Applicable)
   Toy Loan Program
   Designated Agency Contact (Name, Title)

   Area Code/Phone Number  E-mail

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description  Los Angeles County Fair

   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) 09 / 04 / 15 09 / 27 / 15
   Face Value of Each Ticket/Pass $ 20.00
   If no: Los Angeles County Fair Association
   Name of Source
   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
      LA County Community & Senior Services
      East Los Angeles Service Center
      LA County Community & Senior Services
      Potrero Heights Park
      Number of Ticket(s)/Pass(es) 20 20
      Describe the public purpose made pursuant to the agency's policy

   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)
      Asian Youth Center
      Number of Ticket(s)/Pass(es) 10
      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 Officer or Designee
   Print Name  Marcia Blachman-Benitez
   Title  ASM II
   Date  09/03/15

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
County of Los Angeles DPSS  
Division, Department, or Region (If Applicable)  
Contract Management Division  
Designated Agency Contact (Name, Title)  
Dale Oishi-Kocker, ASM I  
Area Code/Phone Number  
E-mail

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 ☒  
   Face Value of Each Ticket/Pass $  
   Event Description  Los Angeles County Fair  
   Date(s) 09 / 04 / 15 09 / 27 / 15  
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒  
   If no:  
   Name of Source  
   Was ticket distribution made at the behest of agency official? No ☒ Yes □  
   If yes:  
   Official's Name (Last, First)

3. Recipients

3.A. Name of Agency, Department or Unit  
   Number of Ticket(s)/Pass(es)  
   Describe the public purpose made pursuant to the agency's policy  

   City of Norwalk  
   Per ticket policy (refer to Ticket Policy)

3.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:

3.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.

Dale Oishi-Kocker  
ASM I  
9/10/2015  
(Month, Day, Year)

Signature of Agency Head or Designee  
Print Name  
Title

Comment:

FFPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name
Los Angeles County DPSS

### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Norwalk</td>
<td>2</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket #: 0819590-0819603, 0819618, 0938722-0938726</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Received by: 09.14.15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (last name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Dale Oishi-Kocker, ASM I
   Area Code/Phone Number E-mail

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X
   Face Value of Each Ticket/Pass $18.00
   Event Description Los Angeles County Fair
   Date(s) 09 / 04 / 15 09 / 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 Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Connections for Children 20 Per ticket policy (refer to Ticket Policy)

   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 understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Dale Oishi-Kocker ASM I 9/10/2015
   Print Name Title

   Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**
**Continuation Sheet**

#### Agency Name
Los Angeles County DPSS

#### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connections for Children</td>
<td>20</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
</tbody>
</table>

Ticket #s: 0938747-0938766  
Received by: [Signature] 9.14.15

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>


FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division

Designated Agency Contact (Name, Title)
Dale Oishi-Kocker, ASM I

Area Code/Phone Number E-mail

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 [X] No [ ]
   Face Value of Each Ticket/Pass $8.00 $200.00
   Event Description Los Angeles County Fair
   Date(s) 09 / 04 / 15 09 / 27 / 15
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: Los Angeles County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] 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 Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Mexican American Opportunity Foundation 24 Per ticket policy (refer to Ticket Policy)

   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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Dale Oishi-Kocker ASM I 9/10/2015
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

Agency Name
Los Angeles County DPSS

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican American Opportunity Foundation</td>
<td>20</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
</tbody>
</table>

| 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: |
|                                      |                             | Ceremonial Role ☐ Other ☐ Income ☐ 
|                                      |                             | If checking "Ceremonial Role" or "Other" describe below: |
|                                      |                             | Ceremonial Role ☐ Other ☐ Income ☐ 
|                                      |                             | If checking "Ceremonial Role" or "Other" describe below: |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

Ticket #s: 0819630-0819649
0918718-0938721

Received by:
9/14/15
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Dale Oishi-Kocker, ASM I
   Area Code/Phone Number E-mail

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 $18.00
   Date(s) 09 / 04 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency officials? No □ Yes □
   If yes: Los Angeles County Fair Association
   Name of Source

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.
   Options for Learning
   Number of Ticket(s)/Pass(es) 22
   Per ticket policy (refer to Ticket Policy)

   B.
   Name of Individual (Last, First)
   Number of Ticket(s)/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:

   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, as in accordance with the requirements.
   Dale Oishi-Kocker
   ASM I
   9/10/2015

Comment:
### Agency Name
Los Angeles County DPSS

#### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options for Learning</td>
<td>20</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
</tbody>
</table>

| Ticket #s: 0819660-0819663, 0938772-0938777 |

<table>
<thead>
<tr>
<th>Received by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivanne Meyem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
- County of Los Angeles DPSS
- Division, Department, or Region (if Applicable): Contract Management Division
- Designated Agency Contact (Name, Title): Dale Oishi-Kocker, ASM I

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes [ ] No ☒
- Event Description: Los Angeles County Fair
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
- Was ticket distribution made at the behest of agency official? No ☒ Yes [ ]
- Face Value of Each Ticket/Pass $18.00
- Date(s) 09/04/15, 09/27/15

**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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathways LA</td>
<td>27</td>
<td>Per ticket policy (refer to Ticket Policy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

**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: Dale Oishi-Kocker
- Title: ASM I
- Date: 9/10/2015

Comment: ___________________________
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathways LA</td>
<td>20</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
</tbody>
</table>

Ticket #s: 0938778-0938797
0938778 and 0938797
Received by: 9/14/15

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Dale Oishi-Kocker, ASM I
   Area Code/Phone Number
   E-mail

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $18.00
   Event Description Los Angeles County Fair
   Date(s) 09 / 04 / 15 09 / 27 / 15
   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
   A. Name of Agency, Department or Unit
      Pomona Unified School District
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Per ticket policy (refer to Ticket Policy)

   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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Dale Oishi-Kocker ASM I 9/10/2015
   Signature of Agency Head or Designee Print Name Title

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

Agency Name  
Los Angeles County DPSS  

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.  

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pomona Unified School District</td>
<td>25</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
</tbody>
</table>

Ticket #s: 0938798-0938817  
Received by: D.C.  
9/14/2015  

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Dale Oishi-Kocker, ASM I
   Area Code/Phone Number
   E-mail

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $18.00
   Event Description
   Los Angeles County Fair
   Date(s) 09/04/15 09/27/15
   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 | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Child Care Resource Center 22/204 Per ticket policy (refer to Ticket Policy)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:

   Ceremonial Role ☐ Other ☐ Income ☐

   Ceremonial Role ☐ Other ☐ Income ☐

   Ceremonial Role ☐ Other ☐ 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

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: Dale Oishi-Kocker
   Print Name: ASM I
   Title: 9/10/2015
   (Month, Day, Year)

   Comment: ______________________________

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

**Ceremonial Role Events and Ticket/Pass Distributions**

**Continuation Sheet**

### Agency Name
Los Angeles County DPSS

### 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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Resource Center</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

**Ticket #s:** 0938727-0938746

**Received by:** [Signature]

9-14-05

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

**Income** ☐

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (if Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Dale Oishi-Kocker, ASM I
   Area Code/Phone Number
   E-mail
   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 [X] Face Value of Each Ticket/Pass $18.00 $28.00
   Event Description Los Angeles County Fair
   Date(s) 09 / 04 / 15 09 / 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 [X] 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Institution of Los Angeles</td>
<td>144</td>
<td>Per ticket policy (refer to Ticket Policy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>
|                                       |                             | Income [ ]
|                                       |                             | Ceremonial Role [ ] Other [ ] |
|                                       |                             | Income [ ]
|                                       |                             | Ceremonial Role [ ] Other [ ] |
|                                       |                             | Income [ ]

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
   I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Dale Oishi-Kocker
   ASM I
   9/10/2015
   (Month, Day, Year)

Comment: 

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

### Agency Name
**Los Angeles County**

### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Institute of Los Angeles</td>
<td>44</td>
<td>Los Angeles County Fair. Tickets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket #s: 0819664-0819669, 0938101-0938104, and 0938169-0938118</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receiving by 06/ 9/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Patricia Harris-Smith, ASM I
   Area Code/Phone Number
   E-mail
   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 ☒
   Face Value of Each Ticket/Pass $ 18.00
   Event Description Los Angeles County Fair
   Date(s) 09 / 04 / 15 09 / 27 / 15
   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 behast 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alta Med Health Services</td>
<td>12</td>
<td>Per ticket policy (refer to Ticket Policy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (City, State)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
   Have read and understand FPPC Regulations 1944.1 and 1944.2. I have verified that the distribution set forth above, is in accordance with the requirements.
   ____________________________  ____________________________  ____________________________
   Signature of Agency Head or Designee  Print Name  Title
   9/10/2015  (Month, Day, Year)

Comment: ________________________________________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**
**Continuation Sheet**

**Agency Name**
Los Angeles County DPSS

### 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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alta Med Health Services</td>
<td>12 Los Angeles County Fair Tickets</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ticket #s: 0819578-0819589</td>
</tr>
<tr>
<td></td>
<td>Received by:</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles DPSS
Division, Department, or Region (If Applicable)
Contract Management Division
Designated Agency Contact (Name, Title)
Patricia Harris-Smith, ASM I
Area Code/Phone Number E-mail

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $8.00
Event Description Los Angeles County Fair
Provided Title/Explaination
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 09 / 04 / 15
Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If no: Los Angeles County Fair Association
Of no source
If yes: Official’s Name (Last, First)

3. Recipients
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 Per ticket policy (refer to Ticket Policy)

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.

Patricia Harris-Smith
Print Name
ASM I
Title
9/10/2015 (Month, Day, Year)

Comment:

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Hospital of Los Angeles</td>
<td>12</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket #: 0819519, 0819619-0819629</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Received by: [Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles DPSS
   Division, Department, or Region (If Applicable)
   Contract Management Division
   Designated Agency Contact (Name, Title)
   Patricia Harris-Smith, ASM I
   Area Code/Phone Number E-mail

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X Face Value of Each Ticket/Pass $18.00
   Event Description Los Angeles County Fair
   Date(s) 09 / 04 / 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 X 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 | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Foothill Family Services | 12 | Per ticket policy (refer to Ticket Policy)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   | Ceremonial Role □ Other □ Income □
   | Ceremonial Role □ Other □ 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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Patricia Harris-Smith
   Signature of Agency Head or Designee
   Print Name
   ASM I
   Title
   9/10/2015
   (Month, Day, Year)

Comment:
### Agency Name
Los Angeles County DPSS

### 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foothill Family Services</td>
<td>12</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket #s: 0819669-0819672, 0819570-0819577</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Received by:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Include Title)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - County of Los Angeles DPSS
   - Division, Department, or Region (If Applicable)
   - Contract Management Division
   - **Designated Agency Contact (Name, Title)**
   - Patricia Harris-Smith, ASM I
   - **Area Code/Phone Number**
   - **E-mail**

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [x]  
   - **Face Value of Each Ticket/Pass** $18.00 $28.00
   - **Event Description** Los Angeles County Fair
   - **Date(s)** 09/04/15 09/27/15
   - **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 [x] 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**
   - **El Nido Family Centers**
   - **Number of Ticket(s)/Pass(es)** 14
   - **Describe the public purpose made pursuant to the agency's policy** Per ticket policy (refer to Ticket Policy)

   **B. Name of Individual**
   - **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**
   - **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 19441 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee** Patricia Harris-Smith
   - **Print Name**
   - **Title** ASM I
   - **Date** 9/10/2015

   **Comment:**
   - FPPC Form 802 (4/12)
   - FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name

Los Angeles County DPSS

### 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Nido Family Centers</td>
<td>14</td>
<td>Los Angeles County Fair Tickets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket #s: 0819604-0819617</td>
</tr>
</tbody>
</table>

Received by: [Signature]

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □, Other □ □, Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □, Other □ □, Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □, Other □ □, Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □, Other □ □, Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>