

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
COUNTY OF LOS ANGELES			For Official Use Only
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description Date(s)

Provide Title/Explanation

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

• 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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Dan Rosenfeld	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

	<input style="width: 100%;" type="text" value="CINDY WAN"/>	<input style="width: 100%;" type="text" value="EXECUTIVE ASSISTANT"/>	<input style="width: 100%;" type="text" value="08/29/12"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Courtney Wilkins	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.


CINDY WAN
EXECUTIVE ASSISTANT
08/29/12
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

Date(s) 08 31 12 09 30 12

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jackie Martinez	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
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CINDY WAN
EXECUTIVE ASSISTANT
08/29/12

Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description Date(s)
Provide Title/Explanation

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
 • 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

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sylvia Drew Ivie	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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	<input type="text" value="CINDY WAN"/>	<input type="text" value="EXECUTIVE ASSISTANT"/>	<input type="text" value="08/29/12"/>
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		(Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

Face Value of Each Ticket/Pass \$

Date(s)

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

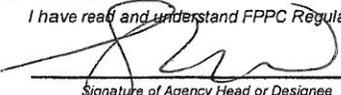
If no: Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Mohammed Al Rawi	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

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<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17.00

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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

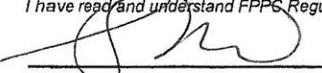
Ticket(s)/Pass(es) provided by agency? Yes No If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jethro Rothe-Kushel	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification
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	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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E-mail			
cindywan@bos.lacounty.gov			

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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.

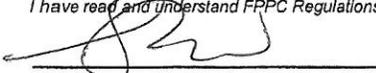
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Khalilah Anderson	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

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(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description Date(s)
Provide Title/Explanation

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
 • 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kathleen Austria	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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4. Verification
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	<input type="text" value="CINDY WAN"/>	<input type="text" value="EXECUTIVE ASSISTANT"/>	<input type="text" value="08/29/12"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carmelita Hearn	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17.00

Event Description 2012 LA COUNTY FAIR
Provide Title/Explanation

Date(s) 08 31 12 09 30 12

Ticket(s)/Pass(es) provided by agency? Yes No If no: LA 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)

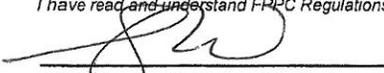
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Maria Cerdas	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 FRPC 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

CINDY WAN

 Print Name

EXECUTIVE ASSISTANT

 Title

08/29/12

 (Month, Day, Year)

Comment: _____

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2. Function or Event Information

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Provide Title/Explanation

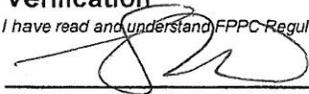
Ticket(s)/Pass(es) provided by agency? Yes No If no:
Name of Source

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B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Silvia Meuwissen	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

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<small>Area Code/Phone Number</small>	<small>E-mail</small>		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description:
Provide Title/Explanation

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 \$

Date(s)

If no:
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Melissa Hernandez	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		<input type="text" value="Promoting public & private facilities available for county"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	<input type="text" value="CINDY WAN"/>	<input type="text" value="EXECUTIVE ASSISTANT"/>	<input type="text" value="08/29/12"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF LOS ANGELES <i>Division, Department, or Region (If Applicable)</i>			
BOARD OF SUPERVISORS, 2ND DISTRICT <i>Designated Agency Contact (Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number (213) 974-2222	E-mail cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

If yes: _____
Official's Name (Last, First)

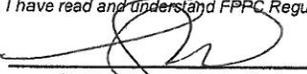
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Renita Bowlin	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____

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

A Public Document

1. Agency Name: COUNTY OF LOS ANGELES, BOARD OF SUPERVISORS, 2ND DISTRICT. Date Stamp, California Form 802, For Official Use Only. Amendment checkbox, Date of Original Filing.

2. Function or Event Information: Does the agency have a ticket policy? Event Description: 2012 LA COUNTY FAIR. Face Value of Each Ticket/Pass \$: 17.00. Date(s): 08/31/12. Ticket(s)/Pass(es) provided by agency? Yes No X. Was ticket distribution made at the behest of agency official? No Yes.

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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose made pursuant to the agency's policy. Includes entry for Tisha Newberry.

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: CINDY WAN, EXECUTIVE ASSISTANT, 08/29/12.

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF LOS ANGELES			
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Fernando Ramirez	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 FPCC 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: 

CINDY WAN EXECUTIVE ASSISTANT 08/29/12

Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name: COUNTY OF LOS ANGELES, BOARD OF SUPERVISORS, 2ND DISTRICT, 500 WEST TEMPLE STREET, LOS ANGELES 90012. Includes Date Stamp, California Form 802, and Amendment checkbox.

2. Function or Event Information: 2012 LA COUNTY FAIR, Face Value of Each Ticket/Pass \$ 17.00, Date(s) 08/31/12. Includes checkboxes for agency policy and distribution.

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

Table B: Name of Individual (Last, First), Number of Ticket(s)/Pass(es), Identify one of the following: Ceremonial Role, Other, Income. Example: Ron Fisher, 2 tickets, Promoting public & private facilities available for county.

Table 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: CINDY WAN, EXECUTIVE ASSISTANT, 08/29/12.

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
COUNTY OF LOS ANGELES			
<small>Division, Department, or Region (If Applicable)</small>			
BOARD OF SUPERVISORS, 2ND DISTRICT			
<small>Designated Agency Contact (Name, Title)</small>			
500 WEST TEMPLE STREET, LOS ANGELES 90012		<input type="checkbox"/> Amendment <small>(Must provide explanation in Part 3.)</small> Date of Original Filing: <input type="text"/> <small>(Month, Day, Year)</small>	
<small>Area Code/Phone Number</small>	<small>E-mail</small>		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

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 \$

Date(s)

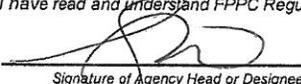
If no: Name of Source

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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Celica Quinones	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	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.

	<input type="text" value="CINDY WAN"/>	<input type="text" value="EXECUTIVE ASSISTANT"/>	<input type="text" value="08/29/12"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

1. Agency Name: COUNTY OF LOS ANGELES, BOARD OF SUPERVISORS, 2ND DISTRICT, 500 WEST TEMPLE STREET, LOS ANGELES 90012. Includes Date Stamp, California Form 802, and contact information for Cindy Wan.

2. Function or Event Information: 2012 LA COUNTY FAIR, Face Value of Each Ticket/Pass \$ 17.00, Date(s) 08/31/12. Includes source information: LA COUNTY FAIR ASSOCIATION.

3. Recipients

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Includes entry for Rachel Barbosa with 2 tickets.

4. Verification

Signature of Agency Head or Designee: CINDY WAN, EXECUTIVE ASSISTANT, 08/29/12.

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF LOS ANGELES			
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

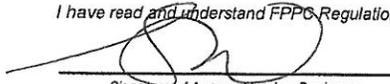
If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Celine Pintado	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
COUNTY OF LOS ANGELES			
<small>Division, Department, or Region (If Applicable)</small>			
BOARD OF SUPERVISORS, 2ND DISTRICT			
<small>Designated Agency Contact (Name, Title)</small>			
500 WEST TEMPLE STREET, LOS ANGELES 90012		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year)	
<small>Area Code/Phone Number</small>	<small>E-mail</small>		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

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 \$

Date(s)

If no: Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Erin Adams	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	<input type="text" value="CINDY WAN"/>	<input type="text" value="EXECUTIVE ASSISTANT"/>	<input type="text" value="08/29/12"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
COUNTY OF LOS ANGELES			For Official Use Only
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____	
		(Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

Date(s) 08 31 12 09 30 12

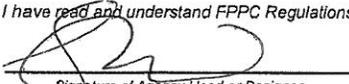
If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jacqueline Martin	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
COUNTY OF LOS ANGELES			For Official Use Only
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

If yes: _____
Official's Name (Last, First)

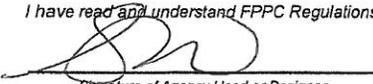
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Alex Johnson	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	<u>CINDY WAN</u>	<u>EXECUTIVE ASSISTANT</u>	<u>08/29/12</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

1. Agency Name

COUNTY OF LOS ANGELES
 Division, Department, or Region (If Applicable)

BOARD OF SUPERVISORS, 2ND DISTRICT
 Designated Agency Contact (Name, Title)

500 WEST TEMPLE STREET, LOS ANGELES 90012

Area Code/Phone Number: (213) 974-2222
 E-mail: cindywan@bos.lacounty.gov

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

Event Description: 2012 LA COUNTY FAIR
 Provide Title/Explanation

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 \$: 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
 Name of Source

If yes: _____
 Official's Name (Last, First)

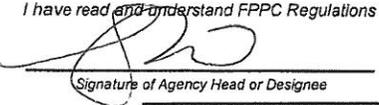
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cindy Wan	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: 

CINDY WAN EXECUTIVE ASSISTANT 08/29/12

Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
COUNTY OF LOS ANGELES			For Official Use Only
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17.00

Event Description 2012 LA COUNTY FAIR
Provide Title/Explanation

Date(s) 08 31 12 09 30 12

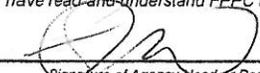
Ticket(s)/Pass(es) provided by agency? Yes No If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Miracle Workers Senior Citizen Club	50	Promoting public & private facilities available for county
3866 6th Ave., Los Angeles, CA 90008		

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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF LOS ANGELES Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

Date(s) 08 31 12 09 30 12

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Crenshaw Youth Center	50	Promoting public & private facilities available for county
4411 11th Ave., Suite 209, Los Angeles, CA		

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.


CINDY WAN
EXECUTIVE ASSISTANT
08/29/12
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF LOS ANGELES			
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

Date(s) 08 31 12 09 30 12

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
St. Eugene 50 Plus Club	50	Promoting public & private facilities available for county
10619 2nd Ave., Inglewood, CA 90303		

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.


CINDY WAN
EXECUTIVE ASSISTANT
08/29/12
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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

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Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail		
(213) 974-2222	cindywan@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

Date(s) 08 31 12 09 30 12

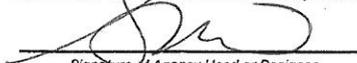
If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: _____
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Van Ness Senior Citizens Club	50	Promoting public & private facilities available for county
2033 W. 77th St., Los Angeles, CA 90047		

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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____

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

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BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

Date(s) 08 31 12 09 30 12

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Los Angeles NAACP	30	Promoting public & private facilities available for county
600 S. Sepulveda Blvd., Suite 2680, Culver		

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.

	<u>CINDY WAN</u>	<u>EXECUTIVE ASSISTANT</u>	<u>08/29/12</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

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COUNTY OF LOS ANGELES			For Official Use Only
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: <input style="width:100px;" type="text"/>	
		(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 Date(s)

Provide Title/Explanation

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
 • 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
East Rancho Dominguez Service Center	20	Promoting public & private facilities available for county
4513 E. Compton Blvd., Compton CA 90222		

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.

	CINDY WAN	EXECUTIVE ASSISTANT	08/29/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

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BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 17.00

Date(s): 08 31 12 09 30 12

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

If yes: _____
Official's Name (Last, First)

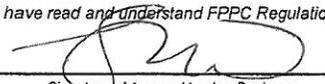
3. Recipients
 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
His Sheltering Arms Inc.	40	Promoting public & private facilities available for county
11101 South Main St., Los Angeles, CA 900		

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.

	<u>CINDY WAN</u>	<u>EXECUTIVE ASSISTANT</u>	<u>08/29/12</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

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COUNTY OF LOS ANGELES			
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 2012 LA COUNTY FAIR
Provide Title/Explanation

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 \$ 17.00

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

If no: LA COUNTY FAIR ASSOCIATION
Name of Source

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

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brad Pye Jr.	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting public & private facilities available for county
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: 

CINDY WAN EXECUTIVE ASSISTANT 08/29/12

Print Name *Title* *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
COUNTY OF LOS ANGELES			For Official Use Only
Division, Department, or Region (If Applicable)			
BOARD OF SUPERVISORS, 2ND DISTRICT			
Designated Agency Contact (Name, Title)			
500 WEST TEMPLE STREET, LOS ANGELES 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-2222	cindywan@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17.00

Event Description: 2012 LA COUNTY FAIR Provide Title/Explanation Date(s): 08 / 31 / 12 09 / 30 / 12

Ticket(s)/Pass(es) provided by agency? Yes No If no: LA 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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Empowerment Congress	60	Promoting public & private facilities available for county
1000 N. Alameda St., Suite 240 Los Angeles		

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.

CINDY WAN
EXECUTIVE ASSISTANT
08/29/12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____