Ceremonial Role Events and Tickethass Distributions	-	A Public Documen		
1. Agency Name	Date Stamp	Californía 802		
County of Los Angeles		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		
Board of Supervisors Second District		at a reactiff to be self-		

Designated Agency Contact	(Name, Title)					
Claudia Gutierrez, Senior I	Amendment (Must Provide Explanation in Part 3.)					
Area Code/Phone Number	E-mall			Amendment (Most 770	VIOO Explanati	OH III Y and O.
(213) 974-2222	clgutierrez@bos.lac	county.gov		Date of Original Filing:	(month, day,	year)
Function or Event Info	rmation			DODES 10301 = 0		91.00
Does the agency have a tie	cket policy? Yes I	- 110		Each Ticket/Pass \$		31.00
Event Description: Tchaiko	ovsky concert, WDCH		ate(s) 10	29 , 21	1	
Ticket(s)/Pass(es) provided	Provide Title/ Explai	nation		geles Philharmonic Asso	ociation	
Was ticket distribution mad of agency official?	e at the behest Yes [	□ No ■ If	yes:	Official's Name (Last, First)		
Recipients  • Use Section A to Identify the age	ency's department or unit.	Use Section B to id	dentify an individu	al. Use Section C to identify a	ın outside org	janization.
A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the ag	ency's policy	
Staff		2	Per Ticket P	folicy 5.3k		
D. Newsoffe	thêdual	Number		Identify one of the folio	owing:	9340804
B. Name of Inc		of Ticket(s)/ Passes		Identity one of the load	Jwing.	
Disc.	La de la recorda			onial Role Other Ong "Ceremonial Role" or "Other" describ	be below;	Income
Ue	California Parties actions			onial Role Other Onial Role" or "Other" describ	be below:	Income
C. Name of Outside (include address an	Organization d description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	int to the age	ency's policy
			and the same			

4. Ve	erifi	cati	on
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Comment: \_

voi illocation.				THE RESERVE AND PARTY AND ADDRESS OF THE PARTY
I have read and understand FPPC Regulations	18944.1 and 1894	<ol><li>I have verified that the</li></ol>	e distribution set forth al	bove, is in accordance
the the manufacture (				

Claudia Gutierrez

Senior Deputy, Legal Affairs

Nov. 22, 2021

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

. ,	Agency Name				Date Stamp	California 802	
	County of Los Angeles				Ulli		
Ī	Division, Department, or Regi	on (if applicable)			Section of the contract of	For Official Use Only	
	Board of Supervisors, Secon	nd District			Storing branch		
	Designated Agency Contact (	Name, Title)					
	Claudia Gutierrez, Senior De	eputy, Legal Affairs	Amendment (Must P	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
	(213) 974-2222	clgutierrez@bos.la	county.gov	nath de la eq	Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation	TO PARTY OF THE PARTY.	1	The San Maria	01.00	
	Does the agency have a tick			ace Value of B	Each Ticket/Pass \$	91.00	
	Event Description: Tchaikov	sky Concert, WDCI	۱ ,	Date(s) 10	30 , 21	1 1	
		Provide Title/ Expla	anation			ociation	
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ It	f no: Los Ang	eles Philharmonic Ass	OCIATION	
	Was ticket distribution made	at the behest Voc	□ No ■ If	f yes:			
	of agency official?	de the benest 168	□ No IIII	La la comme	Official's Name (Last, First)		
				Action (Section)			
3.	Recipients						
	Use Section A to identify the agent	cy's department or unit.		dentify an individua	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's polic		
	Staff	18 /1 (2) (NB) 141	2	Per Ticket P	olicy 5.3k		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
	Agent Committee of the	es es d'aux es releas	a management of the second		onial Role Other Onial Role or "Other" description of the or "Othe	Income Income	
		Chica Sanda Carter 193 - 19			onial Role Other One "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside O	rganization description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
_	Verification					a Cartha V	
	I have read and understand FPI with the requirements.	PC Regulations 18944	.1 and 18942. I				
	/ , X//	Claudia Gutie	errez	Senior	r Deputy, Legal Affairs	Nov. 22, 2021	
	0./81	Committee of the last	det Maria		Title	· /month days send	
	Signature of Agency Head or Designation	Committee of the last	rint Name		Title	(month, day, year)	

1.	Agency Name County of Los Angeles			Date Stamp	California 802	
	Division, Department, or Region (if applicable)	For Official Use O				
	Board of Supervisors, Second District  Designated Agency Contact (Name, Title)	THE REAL PROPERTY.				
				AND OF Asserting		
	Claudia Gutierrez, Senior Deputy, Legal Affairs  Area Code/Phone Number   E-mail	The state of the s		Amendment (Must P	rovide Explanation in Part 3.)	
				Date of Original Filing: .		
	(213) 974-2222 clgutierrez@bos.la	county.gov		Date of Original Fining.	(month, day, year)	
2.	Function or Event Information			- rigidal-avers-	007.00	
	Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	227.00	
	Event Description: Mahler Concert, WDCH	The second state of the second	10	24 , 21	Company many	
	Provide Title/ Expla	enation				
	Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ If	no: Los Ang	geles Philharmonic Ass	sociation	
	Notes district district discount of the ball and		yes:	Name of Source		
	Was ticket distribution made at the behest Yes	□ No ■ "	yes.	Official's Name (Last, First)	Visit Reports of the	
	of agency official?				A Company of the Company	
3	Recipients				wooddings in the	
	Use Section A to identify the agency's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's polic		
	Staff	2	Per Ticket F	Per Ticket Policy 5.3k		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	The Comment of the control of the co		The second secon	nonial Role Other Other description of the Role or "Other" description of the Role of the	Income Income	
	Section 25 man \$1,000 man harmon and the section of			nonial Role Other Other or "Other" descring "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
4	Verification  I have read and understand FPPC Regulations 1894 with the requirements.  Claudia Guti			that the distribution set for or Deputy, Legal Affairs		
	Signature of Agency Head of Designee	Print Name		Title	(month, day, year)	
	Comment:					

gency Name County of Los Angeles			Date Stamp	California 802
ivision, Department, or Region (if applicable)				For Official Use Only
				To Official Ose Offiy
Board of Supervisors, Second District			more and a second	
Designated Agency Contact (Name, Title)			11000	
Claudia Gutierrez, Senlor Deputy, Legal Affair	rs		Amendment (Must Provid	de Explanation in Part 3.)
Area Code/Phone Number E-mail			dend de	
(213) 974-2222 clgutierrez@bos	.lacounty.gov		Date of Original Filling:	month, day, year)
Function or Event Information				
Dana Abanana baraharan Bar		ace Value of	Each Ticket/Pass \$	67.00
Event Description: Organ Concert, WDCH		Date(s)	31 , 21	
Provide Title/En Ticket(s)/Pass(es) provided by agency?		Los Ang	geles Philharmonic Associ	ation
remotion assists provided by agency?	es 🗆 No 🔤 II	1110.	Name of Source	
Was ticket distribution made at the behest Ye	es I No III If	f yes:		
of agency official?			Official's Name (Last, First)	
B				
Recipients				
Use Section A to identify the agency's department or unit		dentify an individu	al. Use Section C to Identify an o	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuan	t to the agency's policy
Staff	2	Per Ticket P	Policy 5.3e	27 图 强通
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follow	ing:
		The second secon	onial Role Other Other onial Role" or "Other" describe	Income Delow:
of Dec Dance			onial Role Other ing "Ceremonial Role" or "Other" describe	Income Delow:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuan	t to the agency's policy
Verification				
New read and understand FPPC Regulations 189 with the requirements.	944.1 and 18942.	I have verified t	that the distribution set forth	above, is in accordance
Claudia Gu	utierrez	Senio	or Deputy, Legal Affairs	Nov. 22, 2021
11/ Claudia S.				
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

### Agency Report of:

Ceremonial	Role	Events and	Ticket/Pass	Distributions
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1. Agency Name		Date Stamp	California 802
County of Los Angeles			Form UUZ
Division, Department, or Region (if applicable)			For Official Use Only
Board of Supervisors, Second District		Receipt Mars	
Designated Agency Contact (Name, Title)			
Claudia Gutierrez, Senior Deputy, Legal Aff	airs	Amendment (M	lust Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			SECOND SECOND SECOND
(213) 974-2222 clgutierrez@bo	os.lacounty.gov	Date of Original Fili	ng:(month, day, year)
2. Function or Event Information		Design of	medicary to training a de-
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of Each Ticket/Pass S	0 (no value)
Event Description: dress rehearsal, Tannha		pate(s) 10 , 13 , 21	Both matter at the set
Event Description: Provide Title.	Explanation		
	Yes No No If	no: Los Angeles Opera	tvorq (sds.p96@asdi
		Name of Source	
Was ticket distribution made at the behest	Yes No No I	yes:Official's Name (Last, F	First)
of agency official?			
3. Recipients			automorphism in
• Use Section A to identify the agency's department or u	nit. • Use Section B to i	dentify an individual. Use Section C to id	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made	pursuant to the agency's policy
Staff		Per Ticket Policy 5.3e	
	1		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of	the following:
Control of the Contro	ant .	Ceremonial Role Oth	er lncome lncome
The Control of the Control	eng .	Ceremonial Role Oth	er 🗌 Income 🔲
		If checking "Ceremonial Role" or "Oth	er" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made	pursuant to the agency's policy
4. Verification			Philipping and Committee of the Committe
I have read and understand FPPC Regulations 1	18944.1 and 18942.	I have verified that the distribution s	set forth above, is in accordance
with the regularizer	Cutionar	Conjor Donuty Local A	Affairs Nov. 22, 2021
0.700	Gutierrez	Senior Deputy, Legal A	
Signature of Agency Read or Designee	Print Name	Title	(month, day, year)
Comment:			Crosses County

. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, Second District				
Designated Agency Contact (Name, Title)	and the state of t			
Claudia Gutierrez, Senior Deputy, Legal Affairs				
Area Code/Phone Number   E-mail			Amendment (Must F	Provide Explanation in Part 3.)
(213) 974-2222 clgutierrez@bos.la	acounty.gov	-1 288 V P	Date of Original Filing:	(month, day, year)
2. Function or Event Information			nulli- noist	0 (no value)
			Each Ticket/Pass \$	
Event Description: dress rehearsal, Cinderella  Provide Title/ Expi	anation	Date(s)/		
Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ If	no: Los Ang		
Mary Malan Barrier Barrier		· · · · · ·	Name of Source	
Was ticket distribution made at the behest Yes	□ No ■ II	yes:	Official's Name (Last, First)	
of agency official?				AND AND A DESTRUCTION
Recipients     Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individua	al. Use Section C to identif	v an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			suant to the agency's policy
Staff	3	Per Ticket P	olicy 5.3e	
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing:
(Lest, First)	Passes	The second secon	onial Role Other on "Other" des	
Greek Company Greek Greek Company		The second secon	inial Role Other or "Other" desi	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
4. Verification  I have read and understand FPPC Regulations 1894 with the requirements  Claudia Guti			eat the distribution set fo	
()./() ()	errez Print Name	Serilo	Title	
Signature of Agency Head or Designee	THIL INGINE		Title	(month, day, year)
Comment:		SOLD OF STREET	Charles Name	

#### Agency Report of:

			butions	1 5.4.5	6-116
Agency Name				Date Stamp	California 802
County of Los Angeles		Land of the part of	For Official Use Only		
Division, Department, or Regi				b Interest Destroy Co.	Coard of Consensus
Board of Supervisors, Secon		BOT SHEAT TO SEE	THE RESERVE		
Designated Agency Contact (					ALCOHOLD STO
Claudia Gutierrez - Senior D	Deputy, Legal Affairs  E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
(213) 974-2222	clgutierrez@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation			REALIST CONTRACTOR	65.00
Does the agency have a tick		110 [	ace Value of	Each Ticket/Pass \$	00.00
Event Description: Mariachi	Festival, Hollywood E		oate(s) 08		
Ticket(s)/Pass(es) provided	by agency? Yes □	No 🔳 If	no: Live Na	tion	o distributed Shares
18/ 1/-(-4-1/-1/-1/	-Alba babasi	14	yes:	Name of Source	Plea Bores districte
Was ticket distribution made of agency official?	e at the benest Yes	No 🔳	yes	Official's Name (Lest, First)	The Topphops to
Recipients  • Use Section A to Identify the agen	t december as with all	o Section B to in	dentify an Individu	al Alse Section C to identify a	an outside organization.
• Use Section A to identify the agen	icy's department or unit.	Number		NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
Staff	hold (pill) 1884	2	Per Ticket F	Policy 5.3k	
B. Name of Indi	- AND A SERVICE AND	Number of Ticket(s)/	Hall to the Fig.	Identify one of the foll	owing:
(Lest, Fils		Passes	Coron	nonial Role Other	Income
	THE RESIDENCE OF STREET			king "Ceremonial Role" or "Other" descri	
amen U se	L solution			nonial Role Other O	
C. Name of Outside O	rganization description)	Number of Ticket(s)/	If check		be below:
C. Name of Outside O (include address and	rganization description)		If check	ung "Ceremonial Role" or "Other" descri	be below:
C. Name of Outside O (include address and	rganization description)	of Ticket(s)/	If check	ung "Ceremonial Role" or "Other" descri	be below:
C. Name of Outside O (include address and	rganization I description)	of Ticket(s)/	If check	ung "Ceremonial Role" or "Other" descri	be below:
C. (include address and	description)	of Ticket(s)/ Passes	If check	e public purpose made pursu	ant to the agency's policy
Verification I have read and understand FP	description)	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy

1.	Agency Name				Date Stamp	California Ona	
	County of Los Angeles			Form 8UZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisors, Secon						
	Designated Agency Contact	(Name, Title)					
	Claudia Gutierrez - Senior D		•				
	Area Code/Phone Number	E-mail	5		Amendment (Must)	Provide Explanation in Part 3.)	
	(213) 974-2222	clgutierrez@bos.l	acounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticl		Each Ticket/Pass \$	119.50			
	Event Description: Hall & O						
	Event Description:	Provide Title/ Exp	, 01 , 2024				
	Ticket(s)/Pass(es) provided		No 🔳 I	f no: Live Nat	tion		
					Name of Source		
	Was ticket distribution made	at the behest Yes	No I	f yes:	Official's Name (Last, First)		
	of agency official?				Ollicial's Ivanie (Last, First)		
3.	Recipients						
٠.	Use Section A to identify the agent	icv's department or unit	• Use Section B to i	dentify an individua	al 4/se Section C to identif	y an outside organization	
	CONTRACTOR STATE OF THE STATE O		ai, ose section e to identifi	y directions or garnization.			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe the	suant to the agency's policy		
	Staff			Per Ticket P	Policy 5.3k		
			2				
	B. Name of Indi		Number of Ticket(s)/ Passes	1.45° 1.11	Identify one of the fo	pllowing:	
			1 2304.8	Ceremo	onial Role Other	Income	
				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ing "Ceremonial Role" or "Other" des		
				\$100 miles   100 m	onial Role Other		
				If checking	ng "Ceremonial Role" or "Other" des	scribe below:	
				3.39. 1. 1. 2.			
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
1	Verification	1507					
	I have read and understand FPI	PC Regulations 1894	4.1 and 18942.	have verified th	nat the distribution set fo	orth above, is in accordance	
	( , 4XX	Claudia Guti	errez	Senior	r Deputy, Legal Affair	s Nov. 22, 2021	
	Signature of Agency Heaster Designe	ee	Print Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Second District Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Claudia Gutierrez - Senior Deputy, Legal Affairs Area Code/Phone Number E-mail Date of Original Filing: \_ clgutierrez@bos.lacounty.gov (month, day, year) (213) 974-2222 2. Function or Event Information 129.50 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes No 🗆 Date(s) 10 , 05 , 2021 Event Description: Alanis Morissette Concert, Hollywood Provide Title/ Explanation If no: Live Nation Yes No Ticket(s)/Pass(es) provided by agency? Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Per Ticket Policy 5.3k Staff 2 Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes

			-	4		
4.	Ve	PIT	10	21	10	n
40.	ve	7 1 1 1	10	αι	ıv	

Comment:

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

Signature of Agency Head or Designee

Claudia Gutierrez

Senior Deputy, Legal Affairs

Nov. 22, 2021

Print Name

Title

(month, day, year)

1.	Agency Name County of Los Angeles	Date Stamp	California Form	802			
	Division, Department, or Region	n (if annlicable)				For Official	Use Only
	Board of Supervisors, Second						
	Designated Agency Contact (A						
	Claudia Gutierrez - Senior De		rs		Amendment (Must F	Provide Explanation in	Part 3.)
		E-mail			0.4.40.14.15.15.1		
	(213) 974-2222	clgutierrez@bos.	lacounty.gov		Date of Original Filing:	(month, day, year	7
2.	Function or Event Inform	nation					
	Does the agency have a ticke	et nolicy?	o ■ No□ F	ace Value of	Each Ticket/Pass \$	14	19.50
			- III				
	Event Description: Alanis Mo	Provide Title/ Ex	Planting	ate(s)	05 , 2024		
	Ticket(s)/Pass(es) provided b		s No 🔳 If	no: Live Na	tion		
	(0),	y againey.			Name of Source		
	Was ticket distribution made	at the behest Ye	s No If	yes:	Official's Name (Last, First)		
	of agency official?				Omdars Name (Last, 1 ms)		
3.	Decinients						
٥.	<ul> <li>Recipients</li> <li>Use Section A to identify the agence</li> </ul>	v's department or unit	*Use Section B to in	dentify an individu	ral	an outside organiza	ation.
	The section is to indicately the section	y a department of diffe	Number	Commenced and the first			1998 O. (1999)
	A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency	's policy
	Staff		1 2330	Per Ticket F	Policy 5.3k		
			2				
	B. Name of Indiv	ridual	Number		Identify one of the fo	llowing:	25 10 15 7
	(Last, Firs		of Ticket(s)/ Passes		identity one of the to	nowing.	
					onial Role Other		Income
				If check	ing "Ceremonial Role" or "Other" desc	ribe below:	
				The second second second second	onial Role Other		Income
				If check	ing "Ceremonial Role" or "Other" desc	ribe below:	
					Marie Control		
	C. Name of Outside Ord		Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency	s policy
	(Illicitude address and	description	Passes				
		The same of the sa					
-	14-16-41						
4.	Verification	O Deculations 190	44.1 and 19042	have varified to	hat the distribution and far	th about to to a	
	I have read and understand FPF with the requirements.	PC Regulations 109	44.1 and 10942.1	nave venned ti	nat the distribution set for	in above, is in ac	cordance
	CHX	Claudia Gu	tierrez	Senio	r Deputy, Legal Affairs	Nov. 2	2, 2021
	Signature of Agency Head or Designe		Print Name		Title		day, year)
	Comment:	1				,	

## Agency Report of: Ceremonial Role Events and Tick

Geremonial Role Events and Ticket/Pass Distributions	A Public Document			
1. Agency Name	Date Stamp			
County of Los Angeles		California 802		
Division, Department, or Region (if applicable)		For Official Use Only		

	County of Los Angeles Division, Department, or Reg	lon (familian)			Form 8U2		
	Board of Supervisors, Secon				For Official Use Only		
	Designated Agency Contact						
	Claudia Gutierrez - Senior I		S				
	Area Code/Phone Number	E-mail		Amendment (Must F	Provide Explanation in Part 3.)		
	(213) 974-2222	clgutierrez@bos.la	acounty.gov	Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation			400.50		
	Does the agency have a tick			ace Value of Each Ticket/Pass \$	109.50		
	Event Description: Dave Ch	nappelle, Hollywood	lanation	Pate(s) 10 , 07 , 202			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no: Live Nation	Market State of the State of th		
	Was ticket distribution made	at the beheat		yes:			
	of agency official?	e at the benest Yes	□ No ■ □	Official's Name (Last, First)	A Comment		
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit.	• Use Section B to i	dentify an individual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pur	suant to the agency's policy		
	Staff		2	Per Ticket Policy 5.3k	er Ticket Policy 5.3k		
	B. Name of Ind		Number of Ticket(s)/ Passes	Identify one of the Ceremonial Role Other	Income [		
				If checking "Ceremonial Role" or "Other" de			
				If checking "Ceremonial Role" or "Other" de			
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pu	rsuant to the agency's policy		
4.	Verification		14.4 == 4.10.40	I have verified that the distribution set	forth ahove is in accordance		
	I have read and understand FF with the requirements	PPC Regulations 1894	14.1 and 18942.	I have verified that the distribution set	onin above, is in accordance		
	A AX	Claudia Gut	ierrez	Senior Deputy, Legal Affa	irs Nov. 22, 2021		
	1.101	Olddold Odl	Print Name	Title	(month, day, year)		

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Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	Agency Name				Date Stamp	California Ono	
	County of Los Angeles					Form OUZ	
Division, Department, or Region (if applicable)						For Official Use Only	
	Board of Supervisors, Seco	nd District					
	Designated Agency Contact	(Name, Title)					
	Claudia Gutierrez - Senior I		ire				
1	Area Code/Phone Number	E-mail	11.5		Amendment (Must P	rovide Explanation in Parl 3.)	
	(213) 974-2222	clgutierrez@bos	.lacounty.gov		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation			100 ST 11073 (1675)		
	Does the agency have a tic		es No 🗆 F	ace Value of I	Each Ticket/Pass \$	79.50	
	Event Description: Burna B	Provide Title/E		Date(s)	08 , 2024		
	Ticket(s)/Pass(es) provided			f по: _Live Nat	tion		
	mental(e) it abb(cb) provided	by agency ?	es 🗆 No 🔳 If	110.	Name of Source		
	Was ticket distribution made	at the behest ye	S No I	yes:			
	of agency official?		SOLI NOLI		Official's Name (Last, First)		
_							
3.	Recipients					No. of the last of	
	Use Section A to identify the ager	ncy's department or unit	. • Use Section B to it	dentify an individu	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy			
	Staff			Per Ticket P	Policy 5.3k		
			2				
	B. Name of Indi		Number of Ticket(s)/	1997 - 1707 - 1912	Identify one of the fo	llowing:	
	(Last, Fir	St)	Passes	E. DEL PLAN	4 SECRETARY		
					onial Role Other	Income	
				if checkii	ing "Ceremonial Role" or "Other" desc	ribe below:	
					Maria Maria Maria		
				The state of the s	onial Role Other	Income	
				If checking	ng "Ceremonial Role" or "Other" desc	ribe below:	
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy	
	(include address and	description)	Passes	P. 核型 推進		and to the agency a poncy	
1. 1	Verification		The state of the				
1	have read and understand FP	PC Regulations 189	44.1 and 18942. I	have verified th	hat the distribution set for	th shows to in secondaria	
V	with the requirements.			naro vermou in	rat are disarbation set for	ur above, is in accordance	
	1. (1)				r Deputy, Legal Affairs	Nov. 22, 2021	
-	Signature of Agency Head or Designation		Print Name		Title		
						(month, day, year)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)

Board of Supervisors, Second District

Designated Agency Contact (Name, Title)

Claudia Cutionran, Senior Deputy Logal Affairs

Designated Agency Contact (Name, nee)		
Claudia Gutierrez - Senior Deputy, Legal Affairs		Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		
(213) 974-2222 clgutierrez@bos.la	acounty.gov	Date of Original Filling:
Function or Event Information	and the second second	79.50
		ace Value of Each Ticket/Pass \$
Event Description: The Neighborhood, Hollywoo	od Bowl	Pate(s) 10 09 2024
Provide Title/ Expla	anation	
Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ If	no: Live Nation  Name of Source
Man sinked distribution made at the behast Ver-	□ No ■ If	voc.
Was ticket distribution made at the behest Yes of agency official?	□ No ■ ·	Official's Name (Last, First)
of agency official r		
Recipients		
Use Section A to identify the agency's department or unit.	• Use Section B to lo	dentify an individual. Use Section C to Identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per Ticket Policy 5.3k
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
(Last, 1 not)	1 83500	Ceremonial Role Other Income
		If checking "Coremonial 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
A STATE OF THE STA		

				-		4.3	1000	
4	<b>N</b> /	-	20.0	•	ca	Ť۱	$\sim$	n
4	·v	-			u	u	v	

Comment

2.

3.

Vernication		
have read and understand FPPC Regulations 18944.1 and 1894.	2. I have verified that the distribution set forth above, is	s in accordance
with the requirements		

(,),780

Claudia Gutierrez

Senior Deputy, Legal Affairs

Nov. 22, 2021

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Second District Designated Agency Contact (Name, Title) Claudia Gutierrez - Senior Deputy, Legal Affairs Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (213) 974-2222 clgutierrez@bos.lacounty.gov Date of Original Filing: \_ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 129.50 Face Value of Each Ticket/Pass \$ Yes No I Event Description: Erykah Badu Concert, Hollywood Bow Date(s) 10 21 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Live Nation Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: , of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. Use Section C to Identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per Ticket Policy 5.3k 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (Include address and description) Passes 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

Print

Signature of Agency Head or Designee

Comment:

Clear

Print Name

Claudia Gutierrez

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Nov. 22, 2021

(month, day, year)

Senior Deputy, Legal Affairs

Title

### Agency Report of:

0 1			
Ceremonial	Role Events	and Ticket/Pass	Distributions

. Agency Name			Date Stamp	California 802
County of Los Angeles Division, Department, or Region (if applicable)				Form OUZ
				For Official Use Only
Board of Supervisors, Second District				
Designated Agency Contact (Name, Title)				
Claudia Gutierrez - Senior Deputy, Legal Affairs	5		Amondment (Mark 5	Provide Contention in Ond 2)
Area Code/Phone Number E-mail			Amendment (Must P	Provide Explanation in Part 3.)
(213) 974-2222 clgutierrez@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				(month, day, year)
				400.00
Does the agency have a ticket policy? Yes	No □ F	ace Value of I	Each Ticket/Pass \$	199.00
Event Description: We Can Survive Concert, H	ollywood &	Date(s) 10	23 , 202	
Provide Title/ Expl	lanation			
Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ If	f no: Live Nat		
Was fielest distribution of the same			Name of Source	
Was ticket distribution made at the behest Yes	□ No ■ If	f yes:	Official's Name (Last, First)	
of agency official?			Omaior o Traine (Last, 1 list)	
3. Recipients		all placed at a participation of the state o		
	Allea Caction Dan I	da-416 1- 41 1 1		
Use Section A to identify the agency's department or unit.		dentify an Individu	ial. Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pun	suant to the agency's policy
Staff	0	Per Ticket F	Policy 5.3k	
	2			
B. Name of Individual	Number of Ticket(s)/	150 M.J. 211 16	Identify one of the fo	Control of the state of the
(Last, First)	Passes	I the set	identity one of the fo	niowing:
		Cerem	nonial Role Other	Income 🗆
		If check	ing "Ceremonial Role" or "Other" des	
		Cerem	nonial Role Other	D
			ting "Ceremonial Role" or "Other" des	
C Name of Outside Organization	Number	TO BOTH OF THE		AND STREET AND STREET STREET
C. (include address and description)	of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
		A CONTRACTOR OF STREET	AND THE RESERVE OF THE PARTY OF	A ST. LINE WELL ALL WILL THE
		197/12/2		
4. Verification				
I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set for	orth above, is in accordance
A. UX				
		Senio	or Deputy, Legal Affair	s Nov. 22, 2021
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment				
Claudia Guti	ierrez		or Deputy, Legal Affair	Nov. 22, 2

. 1	Agency Name				ablic Bocument		
(	County of Los Angeles			Date Stamp	California 802		
Ī	Division, Department, or Region (if applicable)			For Official Use Only			
	Board of Supervisors, Second District			To discass ose only			
Ĭ	Designated Agency Contact (Name, Title)						
,	Claudia Gutierrez - Senior Deputy, Legal Affai Area Code/Phone Number   E-mail	rs	1	Amendment (Must D	Provide Explanation in Part 3.)		
	(040)			_ Principalite (most)	rovide Explanation in Part 3.)		
	(213) 974-2222 clgutierrez@bos	lacounty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Information				(month, day, year)		
	Doos the eggs the same the sam				470.00		
		s No 🗆 F	ace Value of Ea	nch Ticket/Pass \$	179.00		
	Event Description: Andrea Bocelli Concert		ate(s) 10	24 , 2021			
	Provide Title/ Ex	planation					
	Ticket(s)/Pass(es) provided by agency? Ye	s No 🔳 If	no: Live Natio				
	Was ticket distribution made at the habit			Name of Source			
	Was ticket distribution made at the behest Ye of agency official?	s No 🔳	yes:	Official's Name (Last, First)			
	or agency official?						
3.	Recipients						
	Use Section A to identify the agency's department or unit	• Use Section B to in	dentify an individual	Also Section C to identif	u an autolida assessination		
		Number	dentity an individual.	Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the p	he public purpose made pursuant to the agency's policy			
	Staff	Passes	Por Ticket Del	Sev. E. Oli	A 10 10 10 10 10 10 10 10 10 10 10 10 10		
		2	Per Ticket Pol	ICY 5.3K			
	The same of the sa	Number	Michaelto (No. 120atra	Control of the Control			
	B. Name of Individual (Lest, First)	of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
		1 43565	Construction		March Sandanda hay hay		
		1 1 1 1	The state of the s	al Role Other Caremonial Role" or "Other" des	micetile _		
			ACTION OF THE PARTY OF THE PART	ial Role Other Ceremonial Role" or "Other" des			
				out a manufacture of Cares des	LIDO DOUN,		
	Company of the Compan	Number		No. of the last of			
	C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe the p	ublic purpose made pur	suant to the agency's policy		
	Third of State Sta	Passes	<b>电影的标准制造版 出版的</b>	MANAGE TOWNSON			
			Office States				
_							
4.	Verification						
	I have read and understand FPPC Regulations 18	944.1 and 18942.	I have verified that	it the distribution set for	orth above, is in accordance		
	with the requirements						
	Claudia G	utierrez	Senior	Deputy, Legal Affair	s Nov. 22, 2021		
	Signature of Agency Head of Designee	Print Name		Title	(month, day, year)		
					function, and finding		
	Comment:				(		

	Agency Name County of Los Angeles Division, Department, or Region (if applicable)			Date Stamp	California 802		
					For Official Use Only		
	Board of Supervisors, Second District						
	Designated Agency Contact (Name, Title)						
	Claudia Gutierrez - Senior Deputy, Legal Affairs			Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number E-mail			Date of Original Filing:			
	(213) 974-2222 clgutierrez@bos.	lacounty.gov					
	Function or Event Information				100.05		
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$						
	Tool Incl						
	Event Description: Jonas Brothers, Hollywood						
	Ticket(s)/Pass(es) provided by agency? Yes	tion					
	richelloph desices provided by agency	Name of Source					
	Was ticket distribution made at the behest Yes No If yes: Official's Name (Lest, First)						
	of agency official?						
_							
3.	Recipients	Allea Saction R to le	lentify an individ	ual Use Section C to iden	tify an outside organization.		
	Use Section A to identify the agency's department or unit.     Use Section B  Number		Water Committee		Company of the Compan		
	A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	C1-#	Passes	Per Ticket	Per Ticket Policy 5.3k			
	Staff	2	Fel Honer olloy olon				
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Passes	THE ST	Identify one of the following:			
			Cerer If chec	monial Role Other Other of "Other" of "Other			
				monial Role Other			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	escribe the public purpose made pursuant to the agency's policy			
4	. Verification	944.1 and 18942	I have verified	that the distribution set	forth above, is in accordance		
4	. Verification  I have read and understand FPPC Regulations 18 with the requirements  Claudia G			that the distribution set			
4	I have read and understand FPPC Regulations 18 with the requirements						

1.	. Agency Name			Date Stamp California CO				
	County of Los Angeles				Form 8UZ			
	Division, Department, or Region (if applicable)				For Official Use Only			
	Board of Supervisors, Second District							
	Designated Agency Contact (Name, Title)							
	Claudia Gutierrez - Senior Deputy, Legal Affairs			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail			Date of Original Filing:				
	(213) 974-2222 clgutierrez@bos.lacounty.gov							
2.	Function or Event Information							
	Does the agency have a field at 11 a							
	Does the agency have a ticket policy? Yes	_ 110 _	Face Value of	Each Ticket/Pass \$ _	55.55			
	Event Description: Tame Impala, Hollywood Bo	owl Iwo	Date(s) 11	02 , 2021	, ,			
	Provide Title/ Expl	anation						
	Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ I	f no: Live Nat	tion				
	Mar Estat Care a			Name of Source				
	Was ticket distribution made at the behest Yes	□ No ■ I	f yes:	Official's Name (Last, First)				
	of agency official? Official's Name (Lest, First)							
3.	Recipiente							
٥.	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.							
	ose section A to identify the agency's department or unit.	_	dentify an individu	al. Use Section C to identif	y an outside organization,			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		suant to the agency's policy			
	<b>建工程等的工程等的工程等的工程等的工程</b>	Passes						
	Staff	2	Per Ticket Policy 5.3k					
		2	Page 1					
	B. Name of Individual	Number	State of the state of					
	(Last, First)	of Ticket(s)/ Passes	<b>用监督</b> - 几	Identify one of the fo	ollowing:			
			Ceremo	onial Role Other	Income			
				ng "Ceremonial Role" or "Other" des				
			0	Idea on O				
				onial Role Other on "Other" des	Income L			
		Number						
	C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy			
	STREET, A STREET, STRE	Passes	PAN DE CONTRACTO	THE PERSON NAMED IN				
			A STATE OF THE STA					
		1						
1								
4.	Verification							
	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		The state of the s					
	Claudia Gutierrez Senio			Deputy, Legal Affairs	Nov. 22, 2021			
	Signature of Agency Head or Designee Print Name			Title	(month, day, year)			
					(ments, eas, year)			
	Comment:							