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

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Los Angeles County					Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Second District, Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Claudia Gutierrez, Senior Legal Affairs Deputy Area Code/Phone Number IE-mail			Amendment (Must Provide Explanation in Part 3.)		ovide Explanation in Part 3.)	
	Area Code/Phone Number			Data of Original Filtran			
	213-974-2222 clgutierrez@bos.l		acounty.gov		Date of Original Filing: (month, day, year)		
2.	Function or Event Information						
	Does the agency have a tic	s■ No□ F	ace Value of	Each Ticket/Pass \$	20		
	Event Description: LA Cour	D	ate(s)5	<u>, 5 , 2022</u> .	5 30 2022		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Pomona I				a Fairplex	÷	
					Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes: of agency official?				Official's Name (Last, First)		
	or agono, omoids.						
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)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	7						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
				1	nonial Role Other Other description on the description of the descript	Income Income	
					nonial Role Other Other or "Other" designs	Income	
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy		
	Lennox Food Distribution		10	Pursuant to Ticket Policy 5.3 (K)			
- 4.	Verification	DDC Degulations 400	AA 1 and 19042	I have verified	that the distribution art fo	uth above in in accordance	
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified to with the requirements.						
	U-/ 0)	tierrez	Seni	or Legal Affairs Deputy			
	Signature of Agency Head or Designee Print		Print Name		Title	(month, day, year)	
	Comment:						