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

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|----|---|---------------------|------------------------|-----------------------------------|--------------------------|--|------------------------------|--|--|--|--|
| ١. | Agency Name   |                     | Date Stamp             | Form 802                          |                          |  |                              |  |  |  |  |
|    | Los Angeles County  | - ('5               |                        | For Official Use Only             |                          |  |                              |  |  |  |  |
|    | Division, Department, or Regio                                    |                     |                        | 1                                 |                          |  |                              |  |  |  |  |
|    | Second District, Board of Sup                                     |                     |                        |                                   |                          |  |                              |  |  |  |  |
|    | Designated Agency Contact (N                                      | ame,Title)          |                        |                                   |                          |  |                              |  |  |  |  |
|    | Claudia Gutierrez, Senior Leg                                     | gal Affairs Dep     | Amendment (Must P.     | rovide Explanation in Part 3.)    |                          |  |                              |  |  |  |  |
|    | Area Code/Phone Number  | -mail               |                        |                                   |                          |  |                              |  |  |  |  |
|    | 213-974-2222 clgutierrez@bos.lacounty                             |                     |                        |                                   | Date of Original Filing: |  |                              |  |  |  |  |
| _  |   |                     |                        | (month, acy, year,                |                          |  |                              |  |  |  |  |
| 2. | Function or Event Information                                     |                     |                        |                                   |                          |  |                              |  |  |  |  |
|    | Does the agency have a ticket                                     |                     | Each Ticket/Pass \$    | 100                               |                          |  |                              |  |  |  |  |
|    | Event Description: LA Phil Pe                                     | erformance          | , 28 , 2022            | 1 1                               |                          |  |                              |  |  |  |  |
|    | Zveni Description.  | Provide Title       |                        |                                   |                          |  |                              |  |  |  |  |
|    | Ticket(s)/Pass(es) provided b                                     | y agency?           | sney Concert Hall      |                                   |                          |  |                              |  |  |  |  |
|    |   |                     | Name of Source         |                                   |                          |  |                              |  |  |  |  |
|    | Was ticket distribution made a                                    | at the behest       | Yes 🗌                  | No 🔳                              | f yes:                   | Official's Name (Last, First)                          |                              |  |  |  |  |
|    | of agency official?   |                     |                        |                                   |                          | omorara rearro (2000, 1 mor)                           |                              |  |  |  |  |
| _  |   |                     |                        |                                   |                          |  |                              |  |  |  |  |
| 3. | •   | Recipients          |                        |                                   |                          |  |                              |  |  |  |  |
|    | Use Section A to identify the agency                              | r's department or u | init. •Us              |                                   | identify an individu     | ial. Use Section C to identif                          | y an outside organization.   |  |  |  |  |
|    | A. Name of Agency, Depart   | ment or Unit        |                        | Number<br>of Ticket(s)/<br>Passes | Describe th              | e public purpose made pur                              | suant to the agency's policy |  |  |  |  |
|    | Board of Supervisors  |                     |                        | 2                                 | Pursuant to              | Ticket Policy 5.3 (K)                                  |                              |  |  |  |  |
|    | B. Name of Indivi   |                     |                        | Number<br>of Ticket(s)/<br>Passes |                          | Identify one of the fo                                 |                              |  |  |  |  |
|    |   |                     |                        |                                   |                          | nonial Role  |                              |  |  |  |  |
|    |   |                     |                        |                                   |                          | onial Role Other cing "Ceremonial Role" or "Other" des |                              |  |  |  |  |
|    | C. Name of Outside Organization (include address and description) |                     |                        | Number<br>of Ticket(s)/<br>Passes | Describe th              | he public purpose made pursuant to the agency's policy |                              |  |  |  |  |
|    |   |                     |                        |                                   |                          |  |                              |  |  |  |  |
| 4. | Verification  |                     |                        |                                   |                          |  |                              |  |  |  |  |
|    | I have read and understand FPP with the requirements              | C Regulations       | 18944.1                | and 18942.                        | I have verified t        | hat the distribution set fo                            | orth above, is in accordance |  |  |  |  |
|    | 0 41/   | Claudia             | ar Logol Affaire Donut | v 05/03/2022                      |                          |  |                              |  |  |  |  |
|    | Stanature of Agency Head or Designed                              |                     | t Name                 | Senic                             | or Legal Affairs Deputy  |  |                              |  |  |  |  |
|    | angulature of Agency Head of Designer                             | Prin.               |                        | me                                | (month, day, year)       |  |                              |  |  |  |  |
|    | Comment:  |                     |                        |                                   |                          |  |                              |  |  |  |  |
|    | Oommont.  |                     |                        |                                   |                          |  |                              |  |  |  |  |