

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

A Public Document

<b>1. Agency Name</b> COUNTY OF LOS ANGELES		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) DEPARTMENT OF PARKS AND RECREATION			
Designated Agency Contact (Name, Title) ELVA ESPINOZA			
Area Code/Phone Number (213) 381-8347	E-mail EESPINOZA@PARKS.LACOUNTY.GOV	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 8-11-2016 (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA COUNTY FAIR Date(s) 08 / 11 / 16 08 / 11 / 16  
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? Yes ☒ No ☐ If yes: Wicker, John  
Official's Name (Last, First)

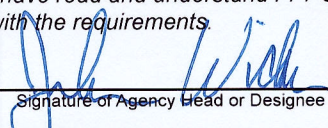
## 3. Recipients

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Norma Rios, East Agency	70	Per Ticket Policy - for distribution to various youth programs in the East Agency under our Department.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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)/ Passes	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.


 \_\_\_\_\_ John Wicker \_\_\_\_\_ Director \_\_\_\_\_ 8-11-2016  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_