Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen	
1. Agency Name			Date Stamp	California 802	
COUNTY OF LOS ANGELS				Form OUZ	
Division, Department, or Region (If Applicable)				For Official Use Only	
JUSTICE CARE & OPPORTUNITES DEPARTM	1ENT				
Designated Agency Contact (Name, Title)]		
CINDY WAN, EXECUTIVE ASSISTANT			Amendment (Must (provide explanation in Part 3.)	
Area Code/Phone Number E-mail 213-584-4316 cwan@jcod.lacounty.gov			Date of Original Filing:		
2. Function or Event Information	acounty.gov	v	Pate of original raining.	(Month, Day, Year)	
Does the agency have a ticket policy?	Yes No	☐ Face Value o	of Each Ticket/Pass \$	22.00	
			,05 2023	05 29 2023	
Event Description Provide Title/Expl	anation	Date(s) 05			
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA CO	UNTY FAIR ASSOCIATI		
Was ticket distribution made at the behest	No□ Yes	п ., Г	Name of Sc	ource	
of agency official?	No Yes	If yes:	Official's Name (Last, First)		
3. Recipients					
Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	ame of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Describe the public purpose made pursuant to the agen			t to the agency's policy	
JCOD 37 Promoting pu			ic & private facilities available to county.		
500 West Temple Str, Rm 100, LA 90012					
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role If checking "Ceremon	Other Other or "Other" describe below:	Income	
		Ceremonial Role If checking "Ceremon	X Other Lial Role" or "Other" describe below:	Income	
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			
1. Verification I have read and understand FPPG-Regulations 18944.1 and Cindy			orth above, is in accordance wi utive Assistant	th the requirements.	
Signature of Agency Head or Designee Comment:	Print Nam	ne	Tille	(Month, Day, Year)	