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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
I. Agency Name	Date Stamp	California 802	
Department of Parks and Recreation		Form OUZ	
Division, Department, or Region (if applicable)		For Official Use Only	
Department of Parks and Recreation			

	Department of Parks and F	Recreation				Form	OUZ
	Division, Department, or Region (if applicable)  Department of Parks and Recreation				For Official U	se Only	
	Designated Agency Contact (Name, Title)						
	Elva Espinoza						
	Area Code/Phone Number   E-mail			Amendment (Must Pr	ovide Explanation in	Part 3.)	
	(626) 588-5382	eespinoza@parks.l	lacounty.gov		Date of Original Filing: _	(month, day, year	)
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	8	0.50
	Event Description: MATCH	BOX TWENTY			, 22 , 23		23
		Provide Litle/ Explai					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ If	r no:	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes		f yes:			
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, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agenc	y's policy
	Parks and Recreation		50		rams within the Depart (Our SPOT)	ment of Parks	and
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
					nonial Role Other king "Ceremonial Role" or "Other" des		Income
					nonial Role Other Ching "Ceremonial Role" or "Other" des		Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agenc	y's policy

. Verification			
I have fead and understand FPPC R	gulations 18944.1 and 18942. I have	ve verified that the distribution set fo	orth above, is in accordance
yjth he requirements.			
Ilm ? Say	Norma E. Garcia-Gozalez	Director	5/23/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: