

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County			
Division, Department, or Region <i>(if applicable)</i>			☐ Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>
Second District, Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Jonathan Yang, Senior Deputy, Legal Affairs			
Area Code/Phone Number	E-mail		
213-974-2222	JYang@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: <u>Blue Note Jazz Fest Day 2</u> Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Was ticket distribution made at the behest of agency official? Yes ☐ No ☒	Face Value of Each Ticket/Pass \$ _____ 55 Date(s) <u>6</u> / <u>14</u> / <u>26</u> _____ If no: <u>Hollywood Bowl</u> Name of Source If yes: _____ 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
	Los Angeles County Board of Supervisors	10	Pursuant to Ticket Policy 5.3 (K)
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role ☐ Other ☐ Income ☐ <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role ☐ Other ☐ Income ☐ <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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.

	Jonathan Yang	Senior Deputy, Legal Affairs	7/17/28
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Print

Clear