

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

A Public Document

1. Agency Name CITY OF LOS ANGELES		Date Stamp <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">CEC received 10/28/19</div>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) DEPARTMENT OF RECREATION AND PARKS		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) MICHAEL A. SHULL			
Area Code/Phone Number (213) 202-2633	E-mail michael.a.shull@lacity.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 60.00

Event Description: Hozier and Luke Combs Date(s) 10 / 23 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: SMG, Greek Theatre Los Angeles
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Chase, Nicole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 24.53 (b) (1) and (F)
		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.

[Redacted Signature]	Michael A. Shull	General Manager	10/28/19
Signature of Agency Head or Designee	Print Name	Title	<small>(month, day, year)</small>

Comment: _____