


CITY OF LOS ANGELES  
INTER-DEPARTMENTAL CORRESPONDENCE

**DATE:** February 12, 2016  
**TO:** Nazario Saucedo, Director  
Bureau of Street Services  
**FROM:**   
Gary Harris, Chief Street Services Investigator II  
Investigation and Enforcement Division

**SUBJECT: CLAIM FOR REFUND OVER \$5,000**

Attached, please find paperwork and supportive documentation for Claim for Refund No. 125876. Claimant, AEG, paid a total of \$176,889.70, as shown on the attached receipt. Therefore, after review of the Final Costs (attached), I recommend approval of a refund of \$44,863.38.

Signatures below provide approval for Claim Number 125876.

DAVID RIVERA Sr. St Svcs Inv. II  
Name and Title of Person Making Recommendation

Tom Cordeiro - Chief Investigator I  
Name and Title of Person Auditing Claim

NAZARIO SAUCEDO, DIR  
Department Head

By Tom Cordeiro, Asst Dir



DISTRIBUTION:  
ORIG. — City Council  
DUP. — Controller (Approved)  
TRIP. — Claimant

CITY OF LOS ANGELES  
**CLAIM FOR REFUND OVER \$5000**

Sec. 22.12 Los Angeles Municipal Code

RESERVE FOR FILING STAMP

CLAIM NO. 125876

**NOTE:** A Claimant may be required to submit to examination under oath. (Charter Section 217.)  
Presentation of a false claim is a felony. (California Penal Code Section 72.)

**TO: CITY CLERK, Room 395, City Hall, Los Angeles 90012**

1. PRINT NAME OF CLAIMANT (Last) (First) (Middle)

Ung Ryan

2. BUSINESS ADDRESS (Street) (City) (State)

865 S. Figueroa St, Sk 104 Los Angeles CA

3. MAILING ADDRESS (Street) (City) (Zip Code) 4. PHONE NO.

865 S. Figueroa St, St 104 Los Angeles 90017 (213) 337-4816

5. CITY DEPARTMENT TO WHICH PAYMENT WAS MADE 6. DATE PAID 7. AMOUNT CLAIMED

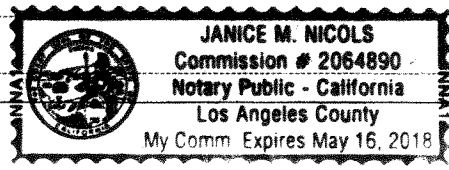
BOSS - Bureau of Street Services 5/14/15 \$ 44,863.38

8. STATE WHETHER RECEIPT, LICENSE OR PERMIT, ENTER NO. AND ATTACH  
Reference # 20150202-295 (Billed to Eric Smith) \$176,889.70

9. LOCATION OF JOB  
Los Angeles (downtown)

10. REASONS FOR FILING CLAIM (Use Supplementary sheets if necessary)  
Final costs for the 2015 Angon Tour of California were less than the amount paid.  
A refund is due.

BY [Signature] CITY CLERK  
2015 OCT 29 PM 2:12  
CITY CLERK'S OFFICE



STATE OF CALIFORNIA }  
County of Los Angeles } ss.

Ryan Ung being duly sworn, deposes and says:  
that X (he) <sup>are</sup> (is) the claimant(s) in the above-entitled claim; that he <sup>have</sup> has read the foregoing claim and 5 sheets attached thereto, know(s) the contents thereof, and that the same is true of his own knowledge, except as to the matters which are therein stated on information or belief, and as to those matters that he <sup>he</sup> believe(s) it to be true.

SIGNATURE AND TITLE OF CLAIMANT  
Ryan Ung, Senior Manager, AEG

DATE  
10/23/2015

SUBSCRIBED AND SWORN TO BEFORE ME  
this 23rd day of October 2015  
SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC  
[Signature]

OFFICE OF THE CITY CLERK

City of Los Angeles

Claim for Refund Form

(Over \$5,000)

Please mail the original signed form to (copies and faxes not accepted):

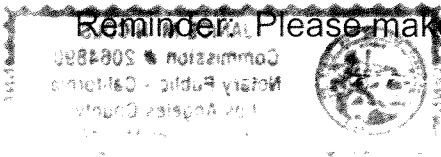
Address: Office of the City Clerk  
200 North Spring Street  
Room 395, City Hall  
Los Angeles, CA 90012

Hours: 8:00 am to 4:30 pm, Monday – Friday

Phone: (213) 978-1133

You may also bring the form to our Public Counter at the above address during regular business hours.

Reminder: Please make a copy for your own records.



RECEIVED  
2016 MAR 14 PM 8:16  
BU OF ST MTC