

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

A Public Document

1. Agency Name

Los Angeles County Board of Supervisors - First District

Division, Department, or Region (If Applicable)

Avlanna Uribe - Ticket Administrator

Designated Agency Contact (Name, Title)

Area Code/Phone Number: (213) 974-4111

E-mail: Molina@lacbos.org

Date Stamp

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description: Dodger Game

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 55.00

Date(s): 04, 29, 12

If no: Los Angeles Dodgers

If yes: Supervisor Gloria Molina

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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
| LA County Dept. of Children & Family Serv                         | 2                            | Per our ticket policy 5.3 (h & j) / For Foster Youth  |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              |   |
| 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  |
|   |                              |   |
|   |                              |   |

4. Signature of Agency Head or Designee: Avlanna Uribe

Print Name: Avlanna Uribe

Title: Ticket Administrator

Date: 5/15/12

and 18942 I have verified that the distribution set forth above, is in accordance with the requirements.

Comment: