Print Form

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

Los Angeles County Board of Supervisors - First District

Division, Department, or Region *(If Applicable)*

Avianna Uribe - Ticket Administrator

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number	E-mail
(213) 974-4111	Molina@lacbos.org

☐ **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 ☐

Face Value of Each Ticket/Pass $ 55.00

Event Description: Dodger Game *Provide Title/Explanation*

Date(s): 04 / 24 / 12

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

If no: Los Angeles Dodgers *Name of Source*

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

If yes: Supervisor Gloria Molina *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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Employee of the First District	2	Per Our Ticket Policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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. [redacted] and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	anna Uribe	Ticket Administrator	5/15/12

Comment: