

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: LA Philharmonic Performance  
*Provide Title/Explanation*

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 \$ \$99.00

Date(s) 05, 09, 12

If no: LA Philharmonic  
*Name of Source*

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lujan, Otono	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per our Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

I, Avianna Uribe, Ticket Administrator, certify that the information provided in this report is true and correct, and that I have verified that the distribution set forth above, is in accordance with the requirements of Sections 18940 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Print Name: Avianna Uribe Title: Ticket Administrator Date: 6/18/12  
(Month, Day, Year)