Print Form

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)*

Avianna 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 ☐

Face Value of Each Ticket/Pass $ $240.00

Event Description: Swan Lake - Opera *Provide Title/Explanation*

Date(s): 06 / 09 / 12

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

If no: The Music Center *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
Board of Supervisors Employee	2	Per 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. Verification

[redacted] 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements

Avianna Uribe *Print Name* | Ticket Administrator *Title* | 7/14/12 *(Month, Day, Year)*

Comment: