

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

A Public Document

1. Agency Name

Los Angeles County Board of Supervisors
 Division, Department, or Region (If Applicable)
 First District
 Designated Agency Contact (Name, Title)
 Avianna Uribe, Ticket Administrator
 Area Code/Phone Number | E-mail
 (213) 974-4111 | 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: Concert at Disney Hall
 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 \$ 168.00
 Date(s) 12 / 15 / 13
 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:
Supervisor Gloria Molina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (g)
		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

4. Verification

I have read _____ FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature: _____ Print Name: Avianna Uribe Title: Ticket Administrator Date: 12/12/13

Comment: _____