

# 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> <small>For Official Use Only</small>
Los Angeles County Board of Supervisors			
<small>Division, Department, or Region (If Applicable)</small>			
First District			
<small>Designated Agency Contact (Name, Title)</small>			
Avianna Uribe, Ticket Administrator			
<small>Area Code/Phone Number</small>	<small>E-mail</small>	<input type="checkbox"/> Amendment <small>(Must provide explanation in Part 3.)</small>	
(213) 974-4111	Molina@lacos.org	Date of Original Filing: <input type="text"/> <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$

Event Description       Date(s)

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no:    
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes:    
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**  
 I have read and verified that the distribution set forth above, is in accordance with the requirements.

             
Signature      Print Name      Title      (Month, Day, Year)

Comment: