

# 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: (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

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): 03 / 02 / 14

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:
Ruano, Araceli		4	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 (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

**4. Verification**

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

Avianna Uribe | Ticket Administrator | 9/1/14  
 Head or Designee | Print Name | Title | (Month, Day, Year)

Comment: \_\_\_\_\_