Print Form

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

A Public Document

California Form 802
For Official Use Only

Date Stamp

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

☐ **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 $ 168.00

Event Description: Concert at Disney Hall
Provide Title/Explanation

Date(s): 08 / 16 / 14

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

If no: LA Philharmonic
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

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
Bilingual Foundation of the Arts 201 N. Los Angeles St., Suite 12, LA, CA 90012	2	Per Ticket Policy 5.3 (i)
Community organization.		

4. Verific

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

(d)(5)

Sign[redacted]signee	Avianna Uribe	Ticket Administrator	8/29/14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: