

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Los Angeles County Board of Supervisors <i>Division, Department, or Region (If Applicable)</i>			
First District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacbos.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Concert at Hollywood Bowl  
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 \$ 29.00

Date(s) 09 / 11 / 12

If no: LA Philharmonic  
Name of Source

If yes: Supervisor Gloria Molina  
Official's Name (Last, First)

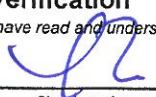
**3. Recipients**

• 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:
		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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
USC Memory and Aging Center 1520 San Pablo St., #3000, LA, CA 90033	10	
Support for caregivers.		

**4. Verification**

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

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 11/2/12

Comment: These tickets were distributed under ADA (American Disabilities Act)

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

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<b>1. Agency Name</b> 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 <b>802</b> For Official Use Only
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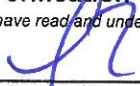
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
East LA Community Service Center 133 N. Sunol Dr., Los Angeles, CA 90063	5	
Provides family services in low-income communities.		

**4. Verification**

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Avianna Uribe
Ticket Administrator
11/2/12  
Signature of Agency Head or Designee                  Print Name                  Title                  (Month, Day, Year)

Comment: These tickets were distributed under ADA (American Disabilities Act)