## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Los Angeles County Board of Supervisors **Form** For Official Use Only Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (213) 974-4111 Date of Original Filing: Molina@lacbos.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ Event Description Concert at Hollywood Bowl 09 11 12 Date(s) Provide Title/Explanation LA Philharmonic Ticket(s)/Pass(es) provided by agency? Yes □ No × Supervisor Gloria Molina Was ticket distribution made at the behest No ☐ Yes ☒ If yes: of agency official? 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Identify one of the following: Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 🔲 Income | If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) USC Memory and Aging Center 10 1520 San Pablo St., #3000, LA, CA 90033 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 Avianna Uribe Ticket Administrator

Print Name

These tickets were distributed under ADA (American Disabilities Act)

Signature of Agency Head or Designee

2

(Month, Day, Year)

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1. Agency Name				Date Stamp	California 802
Los Angeles County Board of Supervisors					Tomi Co
Division, Department, or Region (If Applicable)					For Official Use Only
First District				1	
Designated Agency Conta	act (Name, Title)				
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number   E-mail				Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111		Molina@lacbos.org			
2. Function or Event In	formation				(Month, Day, Year)
Does the agency have a ti		Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
C	100-110-1				
Event Description Conce	Provide Title/Expl		Date(s) 09	,11 ,12	
Ticket(s)/Pass(es) provide	d by agency?	Yes No	If no: LA Ph	ilharmonic	
		162 140		Name of So	urce
Was ticket distribution mad	ie at the behest	No 🔲 Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?				Official's Name (L	_ast, First)
3. Recipients					
Use Section A to identify the ag		Number of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Arras and American State of the	Colonia Carolina tuan di Colonia
A. Name of Agency, Depai	tment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
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	**				
B. Name of Indivi	idual	Number of			V A A A WEIGHT A
(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
			Ceremonial Role	Other	
			PORT TO DESCRIPTION OF THE PROPERTY OF THE PRO	al Role" or "Other" describe below:	Income L
C. Name of Outside Ord (include address and		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
(monduc address and	aeacripuori)	Pass(es)			
East LA Community Service (		5			
133 N. Sunol Dr., Los Angeles	s, CA 90063 😛				
Provides family services in lov	w-income				
communities.	+		2		
Verification	000000				
I have read and understand FPPC Re	1 40 10				the requirements.
				t Administrator	11/2/1
Signature of Agency Head or Desig		Print Name		Title	(Month, Day, Year)
Comment: These tickets	were distributed	under ADA	(American Disabilities	Act)	
		THE RESERVE AND ADDRESS.			