

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	☐ Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	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 \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 04 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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
Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)
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

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

Avianna Uribe

Print Name

Ticket Administrator

Title

5/1/14
(Month, Day, Year)

Comment:

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(213) 974-4111	Molina@lacbos.org	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 \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 05 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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
Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)
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:
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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	5/1/14
Comment:			

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2. Function or Event InformationDoes 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 (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:
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2. Function or Event Information

Does the agency have a ticket policy?	Yes ☒ No ☐	Face Value of Each Ticket/Pass \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 08 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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)

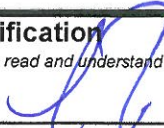
3. Recipients

• 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
Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)
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:
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

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	Avianna Uribe	Ticket Administrator	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacos.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ \$36.00Event Description Dodger Game
Provide Title/ExplanationDate(s) 04 09 14Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Supervisor Gloria Molina
Official's Name (Last, First)

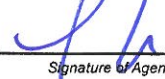
3. Recipients

• 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:
Moretta, John	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: <u>Per Ticket Policy 5.3 (h)</u>
		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

4. Verification

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	Avianna Uribe	Ticket Administrator	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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(213) 974-4111	Molina@lacbos.org	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 \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 18 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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)

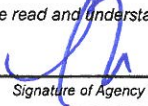
3. Recipients

• 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:
Segoviano, Joanna	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		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

4. Verification

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	Avianna Uribe	Ticket Administrator	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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(213) 974-4111	Molina@lacbos.org	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 \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 19 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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)

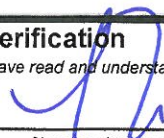
3. Recipients

• 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:
Santana, Miguel	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		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

4. Verification

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	Avianna Uribe	Ticket Administrator	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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(213) 974-4111	Molina@lacbos.org	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 \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 20 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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
Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)
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:
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Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

5/1/14
(Month, Day, Year)

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(213) 974-4111	Molina@lacbos.org	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 \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 21 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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:
Rivera, Lucas	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		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

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	Avianna Uribe	Ticket Administrator	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
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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: Dodger Game
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$36.00

Date(s) 04 22 14

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

If no: Los Angeles Dodgers
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
Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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 Signature of Agency Head or Designee	Avianna Uribe Print Name	Ticket Administrator Title	5/1/14 (Month, Day, Year)
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(213) 974-4111	Molina@lacbos.org	Date of Original Filing: (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description
Provide Title/ExplanationDate(s) Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: 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
LA County Parks & Recreation Employee	2	Per Ticket Policy 5.3 (k)
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:
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Avianna Uribe

Print Name

Ticket Administrator

Title

5/1/14
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Date Stamp

California
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First District

Designated Agency Contact (Name, Title)

Avianna Uribe, Ticket Administrator

Area Code/Phone Number

E-mail

(213) 974-4111

Molina@lacbos.org

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ \$36.00Event Description Dodger Game
Provide Title/ExplanationDate(s) 04 / 24 / 14Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers

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 UnitNumber 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
(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 ☐

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Avianna Uribe

Print Name

Ticket Administrator

Title

5/1/14
(Month, Day, Year)

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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 \$ \$36.00
Event Description Dodger Game Provide Title/Explanation	Date(s) 04 25 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒	If no: Los Angeles Dodgers 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)

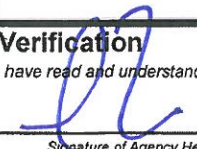
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		
		
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Martinez, Evelyn	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		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
		
		

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	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
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 ☐Face Value of Each Ticket/Pass \$ \$36.00Event Description Dodger Game
Provide Title/ExplanationDate(s) 04 / 26 / 14Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas 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:
Mullenau, Nancy	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: <u>Per Ticket Policy 5.3 (h)</u>
		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

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

Avianna Uribe

Print Name

Ticket Administrator

Title

3/1/14
(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
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 ☐	Face Value of Each Ticket/Pass \$	\$36.00
Event Description	Dodger Game Provide Title/Explanation	Date(s)	04 / 27 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers 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.

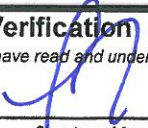
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
LA County Parks & Recreation Employee	2	Per Ticket Policy 5.3 (k)

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

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	5/1/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: