

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

A Public Document

1. Agency Name		Date Stamp	California Form <b>802</b> For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> <small>(month, day, year)</small>	
First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)			
Joanie Paul - Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title  Face Value of Each Admission \$

Description  Date(s)  /  /

Ticket(s)/Admission(s) provided by agency? Yes  No  If no:   
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

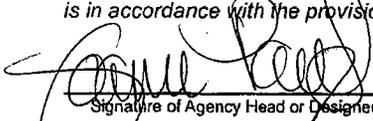
Yes  No  If yes:   
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Valentina Martinez	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income

3. Verification

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

     
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

h. Promoting public and private facilities available for County resident use.