

**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 - First District Division, Department, or Region (If Applicable)			
Avianna Uribe - Ticket Administrator Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> 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

Event Description: LA Philharmonic Performance
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 \$ \$168.00

Date(s) 05 / 04 / 12

If no: LA Philharmonic
Name of Source

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

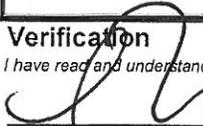
3. Recipients

• 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:
Reyes, Jesus	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per our Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

6/12
(Month, Day, Year)

Comment: _____

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Avianna Uribe - Ticket Administrator Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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: LA Philharmonic Performance
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$99.00

Date(s) 05 06 12

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

Was ticket distribution made at the behest of agency official? No Yes

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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Goez Art Studio	2	Per our Ticket Policy 5.3 (h)
5432 East Olympic Blvd., LA, CA 90022		

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: [Signature]
 Print Name: Avianna Uribe
 Title: Ticket Administrator
 Date: 6/18/12
 (Month, Day, Year)

Comment: _____

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(213) 974-4111	Molina@lacbos.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic Performance
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 \$ \$99.00

Date(s) 05 / 07 / 12

If no: LA Philharmonic
Name of Source

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

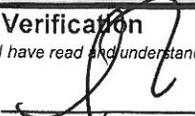
3. Recipients

• 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:
Lujan, Naiche	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per our Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
6/18/12
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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1. Agency Name

Los Angeles County Board of Supervisors - First District
 Division, Department, or Region (If Applicable)

Avianna Uribe - Ticket Administrator
 Designated Agency Contact (Name, Title)

Area Code/Phone Number: (213) 974-4111 E-mail: Molina@lacbos.org

Date Stamp

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 For Official Use Only

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

Event Description: LA Philharmonic Performance
 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 \$: \$99.00

Date(s): 05 / 09 / 12

If no: LA Philharmonic
 Name of Source

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

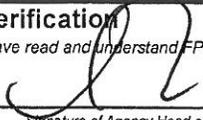
3. Recipients

• 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:
Lujan, Otono	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per our Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 6/18/12

Comment: _____

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic Performance
Provide Title/Explanation

Face Value of Each Ticket/Pass \$: \$168.00

Date(s): 05, 09, 12

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

Was ticket distribution made at the behest of agency official? No Yes

If no: LA Philharmonic
Name of Source

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

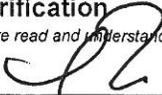
3. Recipients

• 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Asian Youth Center (Community Org.)	2	Per our Ticket Policy 5.3 (i)
232 W. Clary Ave., San Gabriel, CA 91776		

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 Date: 6/18/12 (Month, Day, Year)

Comment: _____

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1. Agency Name

Los Angeles County Board of Supervisors - First District
 Division, Department, or Region (If Applicable)

Avianna Uribe - Ticket Administrator
 Designated Agency Contact (Name, Title)

Area Code/Phone Number: (213) 974-4111 | E-mail: Molina@lacbos.org

Date Stamp: [Blank]

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Amendment (Must provide explanation in Part 3.)

Date of Original Filing: [Blank] (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic Performance
 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 \$: \$99.00

Date(s): 05 / 22 / 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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
East LA Skill Center (Training Center)	2	Per our Ticket Policy 5.3 (i)
3921 Selig Place, Los Angeles, CA 90031		

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: [Signature] | Print Name: Avianna Uribe | Title: Ticket Administrator | Date: 6/18/12 (Month, Day, Year)

Comment: [Blank]

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1. Agency Name: Los Angeles County Board of Supervisors - First District. Date Stamp: California Form 802. Designated Agency Contact: Avianna Uribe. Area Code/Phone Number: (213) 974-4111. E-mail: Molina@lacbos.org.

2. Function or Event Information: Does the agency have a ticket policy? Yes [X]. Event Description: LA Philharmonic Performance. Face Value of Each Ticket/Pass \$: \$168.00. Date(s): 05, 22, 12. Ticket(s)/Pass(es) provided by agency? Yes [], No [X]. Was ticket distribution made at the behest of agency official? No [], Yes [X].

3. Recipients

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Includes entries for East LA Skill Center (Training Center) with 2 tickets.

4. Verification: I have read and understand FPPC Regulations 18944.1 and 18942. Signature of Agency Head or Designee: Avianna Uribe, Ticket Administrator. Date: 6/18/12.

Comment: [Blank box]