

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Los Angeles County Board of Supervisors - First District <i>Division, Department, or Region (If Applicable)</i>			
Avianna Uribe, Ticket Administrator <i>Designated Agency Contact (Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 \$ 55.00

Date(s) 07 / 02 / 12

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

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

If no: Los Angeles Dodgers  
Name of Source

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

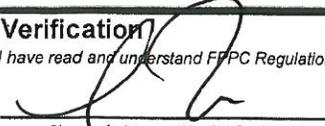
**3. Recipients**

• 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
Board of Supervisors Employee	2	Per Our Ticket Policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	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 <small>(Include address and description)</small>	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
8/3/12  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_



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

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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

California Form 802  
 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: Dodger Game  
 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 \$ 55.00

Date(s) 07/04/12

If no: Los Angeles Dodgers  
 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
Board of Supervisors Employee	2	Per Our Ticket Policy 5.3 (k)
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

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: 8/4/12 (Month, Day, Year)

Comment: \_\_\_\_\_

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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger Game *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 \$ 55.00

Date(s) 07 / 17 / 12

If no: Los Angeles Dodgers *Name of Source*

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

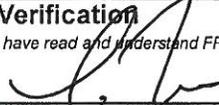
**3. Recipients**

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

**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: 8/3/12 *(Month, Day, Year)*

Comment:



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

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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, Ticket Administrator. 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] No [ ]. Event Description: Dodger Game. Face Value of Each Ticket/Pass \$: 55.00. Date(s): 07/30/12. 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, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Includes entries for Board of Supervisors Employee.

4. Verification: I have read and understand FPPC Regulations 18944.1 and 18942. Signature of Agency Head or Designee: [Signature]. Print Name: Avianna Uribe. Title: Ticket Administrator. Date: 8/4/12.

Comment: [Blank box]

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

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> 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: Dodger Game  
*Provide Title/Explanation*

Face Value of Each Ticket/Pass \$ 55.00

Date(s) 07, 31, 12

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

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

If no: Los Angeles Dodgers  
*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
Board of Supervisors Employee	2	Per Our Ticket Policy 5.3 (k)
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

**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: 8/4/12  
*(Month, Day, Year)*

Comment: \_\_\_\_\_

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

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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, Ticket Administrator. 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: Dodger Game. Face Value of Each Ticket/Pass \$: 55.00. Date(s): 07/1/12. 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. 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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Row 1: Department of Children & Family Services, 8 tickets, Per Our Ticket Policy 5.3 h & j / For Foster Youth - See Att. A.

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: Avianna Uribe, Title: Ticket Administrator, Date: 8/4/12.

Comment:

**DODGER TICKETS – JULY 2012**

<b>DATE OF EVENT</b>	<b>NAME</b>	<b># OF TICKETS</b>	<b>FACE VALUE OF EACH TICKET</b>	<b>ADDRESS</b>	<b>PURPOSE OF DISTRIBUTION</b>
07/01/12	LA County Foster Youth Foster Parent / Caregiver	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
07/13/12	LA County Foster Youth Foster Parent / Caregiver	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
07/14/12	LA County Foster Youth Foster Parent / Caregiver	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
07/15/12	LA County Foster Youth Foster Parent / Caregiver	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.

**TOTAL 8**

**TOTAL**

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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: \_\_\_\_\_

California Form **802**  
 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: Celebration of Dance-Dizzy Feet Found.  
 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 \$: 105.00

Date(s): 07 / 28 / 12

If no: The Music Center  
 Name of Source

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

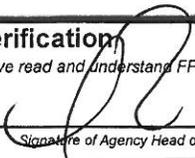
**3. Recipients**

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

**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

8/4/12 (Month, Day, Year)

Comment: \_\_\_\_\_

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

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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: \_\_\_\_\_

California Form **802**  
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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: The Producers 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 \$: 35.00

Date(s): 07 / 27 / 12

If no: LA Philharmonic  
 Name of Source

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

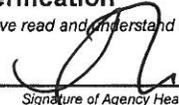
**3. Recipients**

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

**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: 8/4/12  
 (Month, Day, Year)

Comment: \_\_\_\_\_

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

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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  
 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: The Producers 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 \$: 35.00  
 Date(s): 07 / 27 / 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
Board of Supervisors Employee	2	Per Our Ticket Policy 5.3 (k)
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

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: 8/4/12 (Month, Day, Year)

Comment: \_\_\_\_\_

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

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

2. Function or Event Information: Does the agency have a ticket policy? Yes [X] No [ ]. Face Value of Each Ticket/Pass \$ 35.00. Event Description: The Producers at Hollywood Bowl. Date(s): 07/27/12. 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: 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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Row 1: Board of Supervisors Employee, 2, Per Our Ticket Policy 5.3 (k).

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: Avianna Uribe, Ticket Administrator, 8/4/12.

Comment: [Empty box]

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

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> 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	
(213) 974-4111		Molina@lacbos.org	
<input type="checkbox"/> 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: The Producers 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 \$ 35.00

Date(s) 07 / 29 / 12

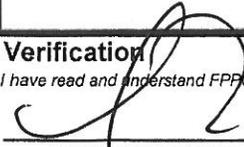
If no: LA Philharmonic  
*Name of Source*

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

**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
8/4/12

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: \_\_\_\_\_

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

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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: California Form 802  
 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: The Producers 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 \$: 35.00

Date(s): 07 / 29 / 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
Board of Supervisors Employee	2	Per Our Ticket Policy 5.3 (k)
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

**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: 8/24/12 (Month, Day, Year)

Comment: