Print Form

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

A Public Document

1. Agency Name

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**

(213) 974-4111 | 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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Date(s): 08 / 28 / 12

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

If no: LA Philharmonic
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:
		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
Friends of Claremont Library 306 Alamosa Drive, Claremont, CA 91711	30	Per Ticket Policy 5.3 (i)
Volunteer Support Services		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Date(s): 08 / 28 / 12

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

If no: LA Philharmonic
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:
		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
Los Angeles Music and Art School 3630 East Third Street, Los Angeles, CA 90063	30	Per Ticket Policy 5.3 (i)
Non Profit: Provides art education for youth.		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/29/12

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 28 / 12

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

If no: LA Philharmonic *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:
		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
Monterey Park Langley Senior Center 400 W. Emerson Ave., Monterey Park, CA 917[illegible]	10	Per Ticket Policy 5.3 (i)
Volunteer support services.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/1.

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 28 / 12 ____ / ____ / ____

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

If no: LA Philharmonic *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

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		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
North Park Middle School 7015 Newline Ave, Unit R, Whittier, CA 90602	30	Per Ticket Policy 5.3 (i)
Non Profit: Music and Arts Education Group		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 28 / 12

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

If no: LA Philharmonic *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

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		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
Pacific Clinics 1517 W. Garvey N. Ave. West Covina, CA 9179	20	Per Ticket Policy 5.3 (i)
Non Profit: Provides behavioral health care services.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 28 / 12

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

If no: LA Philharmonic *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:
		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
Pomona School of the Arts and Enterprise 295 N. Garey Ave., Pomona, CA 91767	43	Per Ticket Policy 5.3 (i)
Provides art and entrepreneurial education for youth.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 28 / 12

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

If no: LA Philharmonic *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:
		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
San Gabriel Valley Habitat for Humanity 400 S. Irwindale Ave., Azusa, CA 91702	29	Per Ticket Policy 5.3 (i)
Non-Profit: Provides safe and affordable homes to low-income families.		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 ☐

Face Value of Each Ticket/Pass $ 8.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 28 / 12 ____ / ____ / ____

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

If no: LA Philharmonic *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:
		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
San Gabriel Valley Habitat for Humanity 400 S. Irwindale Ave., Azusa, CA 91702	2	Per Ticket Policy 5.3 (i)
Non-Profit: Provides safe and affordable homes to low-income families.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment: These tickets were provided under ADA (American Disabilities Act).

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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 $ 21.00

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Date(s): 08 / 30 / 12

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

If no: LA Philharmonic
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.
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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:
		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
Alma Family Services - 1000 Corporate Center Dr., #650, Monterey Park, CA 91754 +	26	Per Ticket Policy 5.3 (i)
Non-Profit: Provides a comprehensive range of multilingual community based services +		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 30 / 12

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

If no: LA Philharmonic *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

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		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
Asian Pacific Family Services 9353 Valley Blvd., Suite C, Rosemead, CA 9177[illegible]	30	Per Ticket Policy 5.3 (i)
Provides leadership & services to local youth.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 30 / 12

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

If no: LA Philharmonic *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.

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		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
Asian Youth Center 232 West Clary Ave., San Gabriel, CA 91776	84	Per Ticket Policy 5.3 (i)
Provides leadership & services to local youth.		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

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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 $ 21.00

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Date(s): 08 / 30 / 12

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

If no: LA Philharmonic
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

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		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
First Fundamental Church 12610 Maryvine St., El Monte, CA 91732	23	Per Ticket Policy 5.3 (i)
Provides community services through youth and senior activities.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/25/12

Comment:

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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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 30 / 12

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

If no: LA Philharmonic *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:
		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
Friends of Salazar Park Seniors 453 N. Daisy Ave., Pasadena, CA 90023	32	Per Ticket Policy 5.3 (i)
Volunteer support services.		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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**

(213) 974-4111 | 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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 08 / 30 / 12

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

If no: LA Philharmonic *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:
		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
USC Memory & Aging Center 1520 San Pablo St., #3000, LA, CA 90033	39	Per Ticket Policy 5.3 (i)
Aged and caregiver support services.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/25/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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**

(213) 974-4111 | 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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 09 / 04 / 12

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

If no: LA Philharmonic *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:
		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
Associated Park Council Youth Government 510 N. Vineland Ave., La Puente, CA 91746	51	Per Ticket Policy 5.3 (i)
Youth group.		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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: (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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 09 / 04 / 12

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

If no: LA Philharmonic *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:
		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
Children's Bureau 14600 Ramona Blvd., Baldwin Park, CA 91706	30	Per Ticket Policy 5.3 (i)
Non-Profit: Provides educational & training re: child abuse prevention & treatment services		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/13

Comment:

Print Form

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

A Public Document

1. Agency Name

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
(213) 974-4111	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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Date(s): 09 / 04 / 12

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

If no: LA Philharmonic
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:
		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
No Te Dejes Institute 358 N. Eldon Ave., La Puente, CA 91744	30	Per Ticket Policy 5.3 (i)
Community organization.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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**

(213) 974-4111 | Molina@lacbos.org

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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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Date(s): 09 / 04 / 12 ___ / ___ / ___

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

If no: LA Philharmonic
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:
		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
Pomona School of Arts and Enterprise 295 N. Garey Ave., Pomona, CA 91767	25	Per Ticket Policy 5.3 (i)
Arts and entrepreneurial education for youth.		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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**

(213) 974-4111 | 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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 09 / 04 / 12

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

If no: LA Philharmonic *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:
		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
United Seniors of Lincoln Park 3501 Valley Blvd., Los Angeles, CA 90031	30	Per Ticket Policy 5.3 (i)
Volunteer Support Services		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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: (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 ☐

Face Value of Each Ticket/Pass $ 8.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 09 / 04 / 12

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

If no: LA Philharmonic *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:
		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
United Seniors of Lincoln Park 3501 Valley Blvd., Los Angeles, CA 90031	6	Per Ticket Policy 5.3 (i)
Volunteer Support Services		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/12

Comment: These tickets were provided under ADA (American Disabilities Act).

Print Form

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

A Public Document

1. Agency Name

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**

(213) 974-4111 | 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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 09 / 06 / 12

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

If no: LA Philharmonic *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:
		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
Asian Youth Center 232 West Clary Ave., San Gabriel, CA 91776	50	Per Ticket Policy 5.3 (i)
Provides leadership and services to local youth		

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	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	10/29/

Comment:

Print Form

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

A Public Document

1. Agency Name

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: (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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *Provide Title/Explanation*

Date(s): 09 / 06 / 12

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

If no: LA Philharmonic *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:
		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
Mexican American Opportunity Foundation 401 North Garfield Ave., Montebello, CA 9064[+]	30	Per Ticket Policy 5.3 (i)
Non Profit: Serves disadvantaged individuals and families in the Los Angeles area [+]		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/29/12

Comment:

Print Form

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

A Public Document

1. Agency Name

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
(213) 974-4111	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 ☐

Face Value of Each Ticket/Pass $ 21.00

Event Description: Concert at Hollywood Bowl *(Provide Title/Explanation)*

Date(s): 09 / 06 / 12

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

If no: LA Philharmonic *(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:
		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
Monterey Park - Morelia Sister Cities Assoc. 801 Divina Vista St., Monterey Park, CA 91754	12	Per Ticket Policy 5.3 (i)
Non-Profit: Community volunteer group.		

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*	*Title*	*(Month, Day, Year)*
	Avianna Uribe	Ticket Administrator	10/09/12

Comment: