

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

Event Description: Concert at Disney Hall
 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) 08 / 10 / 14

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	4	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 <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: 8/29/14

Comment: _____

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

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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 [X] No []
Event Description Concert at Disney Hall
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [] No [X]
Was ticket distribution made at the behest of agency official? No [] Yes [X]
Face Value of Each Ticket/Pass \$ 168.00
Date(s) 08 / 14 / 14
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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of public purpose. Includes entries for Asian Youth Center and other recipients.

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: Avianna Uribe
Title: Ticket Administrator
Date: 8/29/14
Month, Day, Year

Comment:

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

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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	<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: Concert at Disney Hall
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) 08 / 16 / 14

If no: LA Philharmonic
Name of Source

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

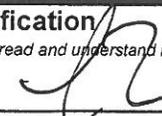
3. Recipients

• 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
Bilingual Foundation of the Arts 201 N. Los Angeles St., Suite 12, LA, CA 90012	2	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: Avianna Uribe

Title: Ticket Administrator

Date: 8/29/14
(Month, Day, Year)

Comment: _____

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First District Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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: Concert at Disney Hall
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) 08 / 22 / 14

If no: LA Philharmonic
Name of Source

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

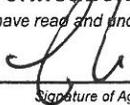
3. Recipients

• 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"/> <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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Japanese American Cultural Center 244 S. San Pedro St., Los Angeles, CA 90012 +	2 +	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: Avianna Uribe

Title: Ticket Administrator

Date: 8/29/14
(Month, Day, Year)

Comment: _____

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First District <i>Designated Agency Contact (Name, Title)</i>			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
(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: Concert at Disney Hall
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) 08 / 24 / 14

If no: LA Philharmonic
Name of Source

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

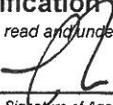
3. Recipients

• 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:
Oliva, Simone	4	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 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.

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

Date: 8/29/14
(Month, Day, Year)

Comment: _____

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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		

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) 08 / 01 / 14

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)

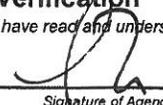
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ito, Leslie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Per Ticket Policy 5.3 (h)</u>
		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 (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
8/29/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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: _____ (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 \$ 36.00

Date(s) 08 / 02 / 14

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)

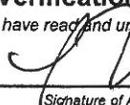
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Quinones, Dennis	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per Ticket Policy 5.3 (h)
		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 (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: 8/29/14 (Month, Day, Year)

Comment: _____

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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		

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) 08 / 03 / 14

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)

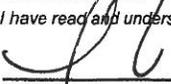
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Hernandez, Kristie	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> <u>Per Ticket Policy 5.3 (h)</u>
		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
8/29/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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First District <i>Designated Agency Contact (Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <input type="text"/> <i>(Month, Day, Year)</i>	
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: *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 \$

Date(s)

If no: *Name of Source*

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 (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* *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

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

Event Description: Dodger Game

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 \$ 36.00

Date(s) 08 / 05 / 14

If no: Los Angeles Dodgers

If yes: Supervisor Gloria Molina

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:
Martinez, Valentina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per 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): 8/29/11

Comment: _____

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

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1. Agency Name: Los Angeles County Board of Supervisors. Date Stamp: California Form 802. Designated Agency Contact: Avianna Uribe, Ticket Administrator. 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 \$: 36.00. Date(s): 08/15/14. 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, Number of Ticket(s)/Pass(es), and Describe the public purpose. Includes entry for Alamillo, Marcos with 2 tickets.

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: 8/29/14.

Comment:

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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) 08 16 14

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 Ticket Policy (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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Signature of Agency Head or Designee: 
 Print Name: Avianna Uribe
 Title: Ticket Administrator
 Date: 8/29/14 (Month, Day, Year)

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: _____ (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 \$ 36.00

Date(s) 08 / 17 / 14

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)

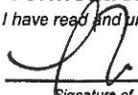
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Los Angeles County Employee	2	Per Ticket Policy (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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 (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: 8/29/09 (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name: Los Angeles County Board of Supervisors. Date Stamp: [Blank]. California Form 802. For Official Use Only. Designated Agency Contact: Avianna Uribe, Ticket Administrator. E-mail: Molina@lacbos.org. Date of Original Filing: [Blank].

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 \$: 36.00. Date(s): 08/19/14. If no: Los Angeles Dodgers. If yes: Supervisor Gloria Molina.

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 made pursuant to the agency's policy. Row 1: Board of Supervisors Employee, 2, Per Ticket Policy (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 of Agency Head or Designee: [Signature]. Print Name: Avianna Uribe. Title: Ticket Administrator. Date: 8/29/14.

Comment: [Blank]

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

A Public Document

1. Agency Name Los Angeles County Board of Supervisors		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
First District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) 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 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 \$ 36.00

Date(s) 08 / 20 / 14

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 Ticket Policy (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"/> <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 (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
8/29/14
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
First District			
Designated Agency Contact (Name, Title)			
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) 08 / 21 / 14

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)

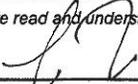
3. Recipients

• 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 Ticket Policy (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"/> <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 (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): 8/29/14

Comment: _____

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
 Event Description: Dodger Game
 Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00
 Date(s) 08 / 22 / 14

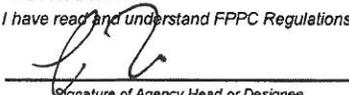
Ticket(s)/Pass(es) provided by agency? Yes No
 If no: Los Angeles Dodgers
 Name of Source

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 (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"/> <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 (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: 8/27/14
 (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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
First District			
Designated Agency Contact (Name, Title)			
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

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 \$ 36.00

Date(s) 08 / 23 / 14

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 Ticket Policy (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.

	Avianna Uribe	Ticket Administrator	8/29/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____