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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $29.00
   Event Description: Concert at Hollywood Bowl
   Date(s): 09 11 12
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Philharmonic
   Name of Source: Supervisor Gloria Molina
   Office's Name (Last, First): 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:
      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 and Aging Center
      1520 San Pablo St., #3000, LA, CA 90033
      10
      Support for caregivers.

4. Verification
   I have read and understand FPPC Regulations 19941 and 19942. 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: [ ]
   (Month, Day, Year):
   Comment: These tickets were distributed under ADA (American Disabilities Act)
Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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@lacsos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Concert at Hollywood Bowl
   Face Value of Each Ticket/Pass $ 29.00
   Date(s) 11 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   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>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   | 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: |

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East LA Community Service Center 133 N. Sunol Dr., Los Angeles, CA 90063</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Provides family services in low-income communities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 10944.1 and 10942. 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: (Month, Day, Year)
   These tickets were distributed under ADA (American Disabilities Act)

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)