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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Fairplex
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.

<table>
<thead>
<tr>
<th>A. 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>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairez, Janel</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)

<table>
<thead>
<tr>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Signature of Agency Head or Designee Printed Name Title
(10/3/13) (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors
   First District
   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 $19.00
   Event Description: Los Angeles County Fair
   Date(s): 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Fairplex
   Name of Sewn: [ ]
   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
      [Blank]
      [Blank]
   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [x] Income [ ]
      Per Ticket Policy 5.3 (h)
      Ceremonial Role [ ] Other [ ] Income [ ]
      [Blank]
      [Blank]
   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ] Income [ ]
      Describe the public purpose made pursuant to the agency's policy
      [Blank]
      [Blank]

4. Verification
   I have read and understand FPPC Regulations 19446.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: [Signature]
   Print Name: [Print Name]
   Title: [Title]
   Date: 10/12
   Comment: [Blank]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
## 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@lacbos.org

### 2. Function or Event Information

Does the agency have a ticket policy?  Yes [x]  No [ ]

**Face Value of Each Ticket/Pass $19.00**

Event Description: Los Angeles County Fair

Date(s) 08 30 13 09 29 13

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

If no: Fairplex

Name of Source: Molina, Gloria

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.

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

#### B. Name of Individual ( Include Photo) 
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role □  Other □  Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Echeverria, Blanca</td>
<td>2</td>
</tr>
<tr>
<td>Per Ticket Policy 5.3 (h)</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (include address and description)
<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understood FPPC Regulations 19364.1 and 19364.2. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head/Designee  Avianna Uribe  Ticket Administrator  Title  (Month, Day, Year)  10/3/13

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors

   **Expansion**
   - Division, Department, or Region (If Applicable)
   - First District
   - Designated Agency Contact (Name, Title)
   - Avianna Uribe, Ticket Administrator

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

   **Stamp**
   - Date Stamp
   - California Form 802
   - For Official Use Only
   - Amendment (Must provide explanation in Part 2)
   - Date of Original Filing

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Face Value of Each Ticket/Pass $19.00
   - Event Description: Los Angeles County Fair
   - Date(s): 08/30/13 09/29/13
   - Ticket(s)/Pass(es) provided by agency? **No**
   - if no: Fairplex
   - Name of Source: Supervisor Gloria Molina
   - Was ticket distribution made at the behest of agency official? **No**
   - 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
   - Per Ticket Policy 5.3 (h)

   **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 16844.1 and 16942. 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: 10/3/13

   **Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**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@lacbos.org

   **Date Stamp**
   [California Form 802]
   For Official Use Only
   Amendment (Must provide explanation in Part 1)
   Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $19.00
   Event Description Los Angeles County Fair
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Fairplex
   Name of Source
   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>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastelum, Ricardo</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

<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>
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<tbody>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

   Signed, Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

   Comment:
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Los Angeles County Fair
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 $19.00
Date(s) 08 30 13 09 29 13
Name of Source Fairplex
Name of Event Official 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>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guerrero, Gabriel</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)
Ceremonial Role [x] Other [ ] Income [ ]

<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>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18444.1 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.
Avianna Uribe Ticket Administrator
(213) 974-4111 Molina@lacbos.org

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

### 1. Agency Name
- **Los Angeles County Board of Supervisors**
- **Avianna Uribe, Ticket Administrator**
- **Area Code/Phone Number**: (213) 974-4111
- **E-mail**: Molina@lacbos.org

### 2. Function or Event Information
- **Event Description**: Los Angeles County Fair
- **Face Value of Each Ticket/Pass**: $19.00
- **Date(s)**: 08/30/13
- **Location**: Fairplex
- **Name of Source**: Supervisor Gloria Molina (Official's Name Last, First)

### 3. Recipients
- **A. Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**

<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>

- **B. Name of Individual**
  - **Guerrero, Sofia**
  - **Number of Ticket(s)/Pass(es)**: 2
  - **Per Ticket Policy 5.3 (h)**
    - **Ceremonial Role**: ☑  Other: ☐
    - **Income**: ☐

### 4. Verification
- **Signature of Agency Head or Designee**: Avianna Uribe
- **Print Name**: Ticket Administrator
- **Title**: 10/3/13

**Comment**: 

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**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: Fairplex
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>A. 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>
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<tbody>
<tr>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guerrero, Carolina</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other [X]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:
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@lacsbs.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 Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s) 08 30 13 09 29 13

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

If no: Fairplex
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 ☐ Other ☑ Income ☐

If checking "Ceremonial Role" or "Other" describe below:

Per Ticket Policy 5.3 (h)

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

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator

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

Comment:

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

2. Function or Event Information
Does the agency have a ticket policy? Yes\(\checkmark\) No\(\square\)
Face Value of Each Ticket/Pass $19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13
Ticket(s)/Pass(es) provided by agency? Yes\(\square\) No\(\checkmark\)
Name of Source Fairplex
Was ticket distribution made at the behest of agency official? No\(\square\) Yes\(\checkmark\)
Name of Agency Official 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>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luquin, Elizabeth</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role (\square) Other (\checkmark) Income (\square)</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19441.1 and 19462. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator
(Month, Day, Year)

Comment:
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@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 Los Angeles County Fair
Provide Title/Explanation

Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Fairplex
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.

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<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macias, Maricela</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inconclusive [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Inconclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3 (h)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19844.1 and 19849. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title
(210) 3/13
(Month, Day, Year)

Comment:
# 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: (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 [x]
- Event Description: Los Angeles County Fair
- Face Value of Each Ticket/Pass: $19.00
- Date(s): 08 30 13 09 29 13
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- If no: Fairplex
- Name of Sponsor: 
- If yes: Supervisor Gloria Molina
  - Official’s Name (Last, First)

### 3. Recipients
- Use A to identify the agency's department or unit.
- Use B to identify an individual.
- Use 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 [x]
  - Income [ ]
  - Per Ticket Policy 5.3 (h)
  - Ceremonial Role [ ] Other [ ] Income [ ]
  - if checking "Ceremonial Role" or "Other" describe below:

#### C. Name of Outside Organization
- 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 19644.1 and 19642. 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: 
- Title: Ticket Administrator
- (Month, Day, Year) 10/3/13

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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: (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 [x] No [ ]
   Face Value of Each Ticket/Pass: $19.00
   Event Description: Los Angeles County Fair
   Date(s): 08/30/13 09/29/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Fairplex
   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 [ ] Other [x]
      Per Ticket Policy 5.3 (h)
      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

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
   Title
   Date of Verification: 10/3/12
   (Month, Day, Year)
   Comment:

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $ 19.00
Date(s) 08 30 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Fairplex
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 ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)
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


4. Verification
I have read and understand FPPC Regulations 10844.1 and 10842. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacobos.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description
   Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13

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>A. 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>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perez, Rosa</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18444.1 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
   Date (Month, Day, Year)
   Comment:

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
If no: Fairplex
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 ☐ Other ☒ Income ☐

Quezada, Arturo 2
Per Ticket Policy 5.3 (h)
Ceremonial Role ☐ Other ☒ Income ☐

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 understood FPPC Regulations 19444.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head Avianna Uribe
Print Name Ticket Administrator
Title (Month, Day Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**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

### A Public Document

**Date Stamp**:  
**California Form**: 802  
**For Official Use Only**

### 2. Function or Event Information

| Does the agency have a ticket policy? | Yes [x] No [ ]  
---|---
| Event Description | Los Angeles County Fair  
| Provide Title/Explanation |  
| Ticket(s)/Pass(es) provided by agency? | Yes [ ] No [x]  
| If no: | Fairplex  
| Name of Source |  
| If yes: | Supervisor Gloria Molina  
| Official's Name (Last, First) |  
| Face Value of Each Ticket/Pass | $19.00  
| Date(s) | 08 30 13 09 29 13

### 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

<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>
</table>

#### B. Name of Individual

| Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [x]  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramirez, Teresita</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
| Ceremonial Role [ ] Other [ ]  
| Per Ticket Policy 5.3 (h) | Income [ ]  
| Income [ ]  
| Ceremonial Role [ ] Other [ ]  
| Income [ ]  
| Income [ ]

#### C. Name of Outside Organization

<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>
</table>

### 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 of Designee**: Avianna Uribe  
**Print Name**:  
**Title**: Ticket Administrator  
**Date**: 10/3/13

### Comment:

---

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
- **Los Angeles County Board of Supervisors**
- **First District**
- **Avianna Uribe, Ticket Administrator**
  - **Area Code/Phone Number**: (213) 974-4111
  - **E-mail**: Molina@lacsos.org

#### 2. Function or Event Information
- **Face Value of Each Ticket/Pass**: $19.00
- **Event Description**: Los Angeles County Fair
- **Date(s)**: 08 30 13 09 29 13
- **Ticket(s)/Pass(es) provided by agency**: Yes [X]  No [ ]
- **Name of Source** if no: Fairplex
- **Name of Supervisor** if yes: Supervisor Gloria Molina

#### 3. Recipients
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>A. 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>
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<td></td>
</tr>
</tbody>
</table>

- **B. Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - **Ceremonial Role**
  - **Other** [X]
  - **Income**

- **Reyes, Reyna**
  - **Per Ticket Policy 5.3 (h)**
  - **Ceremonial Role**
  - **Other**
  - **Income**

- **C. Name of Outside Organization**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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>
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</tr>
</tbody>
</table>

#### 4. Verification
- **Signature of Agency Head or Designee**: Avianna Uribe
- **Date**: 10/3/13
- **Comment**: 

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

Date Stamp

A Public Document
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3)
Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $ 19.00
Event Description
Los Angeles County Fair

Date(s)
08 30 13
09 29 13

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

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

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) | Ceremonial Role ☐ Other ☑ Income ☐

Saldana, Richard 2
Per Ticket Policy 5.3 (h)

Ceremonial Role ☐ Other ☐ Income ☐

Ceremonial Role ☐ Other ☐ Income ☐

Identify one of the following:

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19342. 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:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Los Angeles County Board of Supervisors**
- **First District**
- **Avianna Uribe, Ticket Administrator**
- **(213) 974-4111, Molina@lacobos.org**

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes □ No □
- **Event Description** Los Angeles County Fair
- **Face Value of Each Ticket/Pass** $19.00
- **Date(s)** 08 30 13 09 29 13
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
- **Was ticket distribution made at the behest of agency official?** Yes □ No □

### 3. Recipients

#### A. Name of Agency, Department or Unit

<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>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Lena</td>
<td>2</td>
<td>Ceremonial Role □ Other □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 19444.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

_Avani Uribe, Ticket Administrator_ 10/3/13

_FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)_{[^1]}_
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@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 $ 19.00
Date(s) 08 30 13 09 29 13
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☑
If no: Fairplex
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(e) | Describe the public purpose made pursuant to the agency’s policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(e)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(e) | Identify one of the following: 
Ceremonial Role ☐ Other ☑ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Per Ticket Policy 5.3 (h)
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(e)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silva, Jose Luis</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(e) | Describe the public purpose made pursuant to the agency’s policy

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(e)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Verification
I have read and understood FPPC Regulations 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe
Ticket Administrator: Ticket Administrator
Title: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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:** (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:** Los Angeles County Fair
  - **Face Value of Each Ticket/Pass:** $19.00
  - **Date(s):** 08 30 13 09 29 13
  - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
  - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Event Location:** Fairplex
  - **Name of Source:** 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**
- **Number of Ticket(s)/Pass(es):** 2
- **Ceremonial Role [ ] Other [x]**
  - **Per Ticket Policy 5.3 (h):**
  - **In Case of Compromise:**

**C. Name of Outside Organization**
- **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:**
  - **(Month, Day, Year):** 10/3/13

**Comment:**
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 ☐
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13

   Event Description  Los Angeles County Fair
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no: Fairplex

   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☑
   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:
   Ceremonial Role ☐  Other ☑
   Income ☐
   Per Ticket Policy 5.3 (h)

   Torres, Gerardo 2
   Ceremonial Role ☐  Other ☐  Income ☐

   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

   Comment:

4. Verification
   I have read and understand FPCC Regulations 18941.1 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
   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)

FPCC Form 802 (4/12)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-7772)
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: (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: $19.00
   - Event Description: Los Angeles County Fair
   - Date(s): 08/30/13 09/29/13
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: Fairplex
     - Name of Source:
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
     - 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**
   - Ortiz, Arleen
   - Number of Ticket(s)/Pass(es): 2
   - Identify one of the following:
     - Ceremonial Role [X] Other [ ]
     - Income [ ]
     - Per Ticket Policy 5.3 (h)
     - Ceremonial Role [ ] Other [ ]
     - Income [ ]

   **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 19944.1 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): 10/3/13

Comment:
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: (213) 974-4111
E-mail: Molina@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes[ ] No[ ]

Event Description: Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s) 08 30 13 09 29 13

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

Name of Source: Fairplex

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.

<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>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patel, Lita</td>
<td>2</td>
<td>Ceremonial Role[ ] Other[ ] Income[ ]</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

Per Ticket Policy 5.3 (h)

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Ticket Administrator

Print Name
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## 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**
- (213) 974-4111

**E-mail**
- Molina@lacsos.org

**Date Stamp**
- California Form 802
- For Official Use Only
- Amendment (Must provide explanation in Part 3)

**Date of Original Filing**
- (Month, Day, Year)

### Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x]</th>
<th>No [ ]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Los Angeles County Fair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
<th>$19.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>08 30 13 09 29 13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes [ ]</th>
<th>No [x]</th>
</tr>
</thead>
</table>

**If no:**
- Fairplex

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>supervisor Gloria Molina</th>
</tr>
</thead>
</table>

**If yes:**
- Supervisor Gloria Molina

**Official’s Name (Last, First)**

### 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

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Ana</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other [x]</th>
<th>Income [ ]</th>
</tr>
</thead>
</table>

**If checking "Ceremonial Role" or "Other" describe below:**

<table>
<thead>
<tr>
<th>Per Ticket Policy 5.3 (h)</th>
</tr>
</thead>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

### Verification

I have read and understand FPPC Regulations 19444.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe

Name of Ticket Administrator: Molina

Print Name: Molina

Title: Ticket Administrator

Date: 10/3/13

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacobos.org

Date Stamp California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 2)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Event Description Los Angeles County Fair
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
If no:
Fairplex
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 [ ] Other [x]
If checking 'Ceremonial Role' or 'Other' describe below:
Per Ticket Policy 5.3 (h)
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


4. Verification
I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 F-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 [x]
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Provide Title/Explanation
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Fairplex
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 [ ] Other [x]

Dimalanta, Richard 2
Per Ticket Policy 5.3 (h)

Ceremonial Role [ ] Other [ ]
Income [ ]
If checking “Ceremonial Role” or “Other” describe below:

Income [ ]
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization
(Number 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 18244.1 and 18245. 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
Print Name
Date (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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**
(213) 974-4111

**E-mail**
Molina@lacbos.org

**Date Stamp**
California Form 802

**Date of Original Filing**

**2. Function or Event Information**

Does the agency have a ticket policy? [ ] Yes [ ] No [ ]

**Face Value of Each Ticket/Pass** $19.00

**Event Description**
Los Angeles County Fair

**Date(s)** 08/30/13 09/29/13

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

**Name of Source**
Fairplex

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

**Official's Name (Last, First)**
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

<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>
</table>

#### B. Name of individual (name, title)

<table>
<thead>
<tr>
<th>Name of individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alatorre, Olivia</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

- Ceremonial Role [ ]
- Other [ ]

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

#### 4. Verification

I have read and understand FPPC Regulations 19441 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**

**Date**
10/3/13

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

1. Agency Name
   Los Angeles County Board of Supervisors
   First District
   Avianna Uribe, Ticket Administrator
   (213) 974-4111
   Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Los Angeles County Fair
   Date(s): 08 30 13
   Face Value of Each Ticket/Pass $19.00
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If yes: Supervisor Gloria Molina
   If no: Fairplex

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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [X]
      Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      Per Ticket Policy 5.3 (h)

   C. Name of Outside Organization
      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 18947. 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
   Date (Month, Day, Year) 10/3/23

Comment:
**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**
(213) 974-4111

**E-mail**
Molina@lacbos.org

**Date Stamp**

**Form 802**
For Official Use Only

**Amendment** (Must provide explanation in Part 3)

**Date of Original Filing:**

---

**2. Function or Event Information**

**Does the agency have a ticket policy?** Yes [x] No [ ]

**Event Description**
Los Angeles County Fair

**Face Value of Each Ticket/Pass**
$19.00

**Date(s)**
08/30/13
09/29/13

**Ticket(s)/Pass(es) provided by agency?**
Yes [x] No [ ]

**Name of Source**
Fairplex

**Was ticket distribution made at the behest of agency official?**
Yes [x] No [ ]

**Name of Source**
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**

<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>
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**B. Name of Individual**

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
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</thead>
<tbody>
<tr>
<td>Arroyo, Oscar</td>
<td>2</td>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
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</table>

**Per Ticket Policy 5.3 (h)**

If checking "Ceremonial Role" or "Other" describe below:

**C. Name of Outside Organization**

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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

Time

(Month, Day, Year)

Comment:

---

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Fairplex
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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 ☐
Per Ticket Policy 5.3 (h)
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

4. Verification
I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Signature of Agency Head or Designee Print Name Title

Comment:

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

Date Stamp

California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐

Face Value of Each Ticket/Pass $ 19.00

Date(s)
08 30 13 09 29 13

Event Description
Los Angeles County Fair

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

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

Date of Original Filing:

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

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other ☐</th>
<th>Income ☐</th>
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<tbody>
<tr>
<td>Houston, Donna</td>
<td>2</td>
<td></td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

Ceremonial Role or “Other” describe below:

- Ceremonial Role
- Other

Per Ticket Policy 5.3 (h)

<table>
<thead>
<tr>
<th>Income ☐</th>
</tr>
</thead>
</table>

If checking “Ceremonial Role” or “Other” describe below:

- Income ☐

C. Name of Outside Organization

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19547. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee

Avianna Uribe

Ticket Administrator

Print Name

Title

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

**Agency Name:**
Los Angeles County Board of Supervisors

**Date Stamp:**
[California Form 802](https://example.com)

**Function or Event Information**
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Los Angeles County Fair
- **Face Value of Each Ticket/Pass:** $19.00
- **Date(s):** 08 30 13 09 29 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Name of Source:** Fairplex
- **If no:**
  - **Name of Source:** Supervisor Gloria Molina
  - **Official’s Name (Last, First):** Molina

### Recipients

<table>
<thead>
<tr>
<th>A. 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>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infante, Serafin</td>
<td>4</td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Verification

I have read and understand FPPC Regulations 18941 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:**

**Date:** 03/10

**Comment:**
## 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
- **(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**
  - **Los Angeles County Fair**

#### Face Value of Each Ticket/Pass

#### Date(s)
- **08 30 13**
- **09 29 13**

#### Ticket(s)/Pass(es) provided by agency?
- **Yes [ ] No [X]**

#### Name of Source
- **Fairplex**

#### Was ticket distribution made at the behest of agency official?
- **Yes [X] No [ ]**

#### Official's Name (Last, First)
- **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

<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>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other [X]</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Borde, James</td>
<td>2</td>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
</tbody>
</table>

- **Per Ticket Policy 5.3 (h)**

#### C. Name of Outside Organization

<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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
- *I have read and understood FPPC Regulations 18344.1 and 18342. I have verified that the distribution set forth above is in accordance with the requirements.*

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Title</th>
<th>Date (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avianna Uribe</td>
<td>Ticket Administrator</td>
<td></td>
<td>03/13</td>
</tr>
</tbody>
</table>

**Comment:**

---

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (888/275-7772)
**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**

(213) 974-4111

**E-mail**

Molina@lacbos.org

**Date Stamp**

California Form 802

**For Official Use Only**

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Los Angeles County Fair</td>
<td></td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass</td>
<td>$19.00</td>
<td></td>
</tr>
<tr>
<td>Date(s)</td>
<td>08 30 13</td>
<td></td>
</tr>
<tr>
<td>If no:</td>
<td>Fairplex</td>
<td></td>
</tr>
<tr>
<td>Name of Source</td>
<td>Supervisor Gloria Molina</td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mathis, Marcelle Penn</td>
<td>2</td>
<td>Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>

**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: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Los Angeles County Board of Supervisors

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ❌
   - **Event Description**
     - Los Angeles County Fair
   - **Face Value of Each Ticket/Pass** $19.00
   - **Date(s)**
     - 08 30 13
     - 09 29 13

3. **Recipients**
   - **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**
     - **Number of Ticket(s)/Pass(es)**
     - **Identify one of the following:**
       - Ceremonial Role ☐ Other ☑
       - Per Ticket Policy 5.3 (h)

   - **C. Name of Outside Organization**
     - **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 18941.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature**
   - **Print Name**
   - **Title**
   - **Date** (Month, Day, Year)
   - **Comment:**

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐

Event Description
Los Angeles County Fair

Face Value of Each Ticket/Pass $ 19.00

Date(s) 08 30 13 09 29 13

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

If no: Fairplex
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:

Mendez, Nancy 2 Per Ticket Policy 5.3 (h)

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

4. Verification
I have read and understand FPPC Regulations 19441 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title
Avianna Uribe Ticket Administrator

Comment:

Date of Original Filing: (Month, Day, Year)

FPPC Form 802 (4/12)
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $19.00
Date(s) 08 10 13 09 12 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Fairplex
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:

Mercado, Teresa 2 Ceremonial Role [ ] Other [x] Income [ ] if checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)

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 Title: Ticket Administrator
Print Name: Title: (Month, Day, Year)
Comment:
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@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 Los Angeles County Fair

Provide Title/Explanation

Face Value of Each Ticket/Pass $19.00

Date(s) 08 30 13 09 29 13

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

Name of Source Fairplex

Was ticket distribution made at the behest of agency official? No [X] 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

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parada, Alicia</td>
<td>Ceremonial Role [X] Other</td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)

C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 10644.1 and 10642. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Avianna Uribe

Ticket Administrator Print Name

Title

Comment:

Signature (Month, Day, Year)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Fairplex
Name of Source
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
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 [x] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)
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

4. Verification
I have read and understand FPPC Regulations 18441 and 18442. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@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 [ ]
Face Value of Each Ticket/Pass $ [ ]

Event Description Los Angeles County Fair

Date(s) 08 30 13 09 29 13

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

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

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:

Rodriguez, Vanessa 2 Per Ticket Policy 5.3 (h)

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 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title
Avianna Uribe Ticket Administrator [ ]
(Month, Day, Year)

Comment:

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

Los Angeles County Board of Supervisors

Date Stamp

2. Function or Event Information

Does the agency have a ticket policy? Yes [ ] No [X]

Event Description

Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s) 8-30-13 9-29-13

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

If no:

Name of Source: Fairplex

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

If yes:

Official's Name (Last, First): 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>
<thead>
<tr>
<th>A. 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>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell, Eunice</td>
<td>2</td>
<td>Ceremonial Role [X] Other [ ] Income [ ] Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 [Signature of Agency Head or Designee] Ticket Administrator [Print Name] [Title] 10/3/13 (Month, Day, Year)

Comment:
### 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:** (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:** Los Angeles County Fair
- **Face Value of Each Ticket/Pass:** $19.00
- **Date(s):** 08/30/13, 09/29/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

#### 3. Recipients
- **Name of Agency, Department or Unit:**
- **Number of Ticket(s)/Passes:**
- **Describe the public purpose made pursuant to the agency's policy:**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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):** Silva, Margarita
- **Number of Ticket(s)/Passes:** 2
- **Ceremonial Role [x] Other [ ]**
- **Income [ ]**
- **Per Ticket Policy 5.3 (h):**
- **Ceremonial Role [ ] Other [ ]**
- **Income [ ]**

- **Name of Outside Organization (Include address and description):**
- **Number of Ticket(s)/Passes:**
- **Describe the public purposes made pursuant to the agency's policy:**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purposes made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:** Ticket Administrator
- **Title:**
- **(Month, Day, Year):** 10/3/13

**Comment:**

---

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 1.)
Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description
Los Angeles County Fair
Provide Title/Explanation
Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
If no: Fairplex
Name of Source
Wells Fargo
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>A. 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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silva, Miguel</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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>(Include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19644.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

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

Comment:

FFPC Form 802 (4/12)
FFPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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@lacobos.org

Date Stamp California Form A Public Document
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes X No
Event Description Los Angeles County Fair
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 $19.00
Date(s) 08 30 13 09 29 13

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
Smith, Charlene 2 Per Ticket Policy 5.3 (h)

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 19544.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title
Avianna Uribe Ticket Administrator
(Month, Day, Year) 10/3/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-5772)
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@lacbos.org
   □ Amendment (Must provide explanation in Part 2.)
   Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   Does the agency have a ticket policy?  Yes x  No □
   Event Description: Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s): 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency?  Yes □  No x
   Name of Source: Fairplex
   If no: ____________________________
   Was ticket distribution made at the behest of agency official?  No □  Yes x
   Official's Name (Last, First): 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:
   
   Veldepena, Jenipher  2  Ceremonial Role □  Other x □  Income □
   Per Ticket Policy 5.3 (h)
   
   **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 understood FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Signature of Agency Head or Designee  Print Name  Title
   Avianna Uribe  Ticket Administrator  (Month, Day, Year)

Comment: ____________________________
# 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@lacbos.org

## 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x]  No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Los Angeles County Fair</td>
</tr>
<tr>
<td></td>
<td>Provide Title/Explanation</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ]  No [x]</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No [ ]  Yes [x]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass ($)</th>
<th>19.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s)</td>
<td>08 30 13 09 29 13</td>
</tr>
<tr>
<td>If no:</td>
<td>Fairplex</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Supervisor Gloria Molina</td>
</tr>
<tr>
<td>Official’s Name (Last, First)</td>
<td>Molina</td>
</tr>
</tbody>
</table>

## 3. Recipients

- **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 [x]  Income [ ]
  - Per Ticket Policy 5.3 (h)  Income [ ]

- **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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avianna Uribe</td>
<td>Ticket Administrator</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Event Description
   Los Angeles County Fair
   Face Value of Each Ticket/Pass
   $19.00
   Date(s)
   08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Fairplex
   Name of Source
   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)
      Ceremonial Role [x] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      Per Ticket Policy 5.3 (h)
      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

4. Verification
   I have read and understand FPPC Regulations 19144.1 and 19142. 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)
   10/3/13

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

### 1. Agency Information
- **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 [ ]
- **Event Description:** Los Angeles County Fair
- **Face Value of Each Ticket/Pass ($):** 19.00
- **Date(s):** 08/30/13, 09/29/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Name of Source:** Fairplex
- **Official’s Name (Last, First):** 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:
- **Ceremonial Role**
- **Other**
- **Income**
  - **Per Ticket Policy 5.3 (h):**

#### 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
- **Signature of Agency Head or Designee:** [Signature]
- **Print Name:** Avianna Uribe
- **Title:** Ticket Administrator
- **Date:** 10/3/13

**Comment:** [Comment]

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

2. Function or Event Information

Does the agency have a ticket policy? Yes [x] No [ ]
Event Description
Los Angeles County Fair
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 $19.00
Date(s)
08 30 13 09 29 13

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)

Ceremonial Role [ ] Other [x]
Income [ ]

Moreno, Sally
2
Per Ticket Policy 5.3 (h)

Ceremonial Role [ ] Other [ ]
Income [ ]

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 19441 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
Ticket Administrator
Print Name
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass $19.00

Event Description Los Angeles County Fair

Date(s) 08 30 13 09 29 13

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

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

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 Describe the public purpose made pursuant to the agency's policy
Ticket(s)/Pass(es)

B. Name of Individual Number of Ceremonial Role Other Income
(Number that is checked)

Gonzalez, Gina 2 Per Ticket Policy 5.3 (h) 

C. Name of Outside Organization Number of Outside Organization
(Include address and description) 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 Ticket Administrator

Print Name

Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agancy 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@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Los Angeles County Fair
   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 $19.00
   Date(s) 08 30 13 09 29 13
   If no: Fairplex
   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 ☐ Other ☑ Income ☐
   Aceves, Jose 2 Per Ticket Policy 5.3 (h)
   Ceremonial Role ☐ Other ☐ Income ☐
   
   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 19444.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee Print Name Title
   Avianna Uribe Ticket Administrator
   (Month, Day, Year) 10/3/13
   Comment:

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

**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Los Angeles County Board of Supervisors

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

3. **Area Code/Phone Number**
   - (213) 974-4111
   - Molina@lacbos.org

4. **Date of Filing**
   - Date Stamp: [Date]
   - California Form 802
   - For Official Use Only

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [X] No [ ]
   - **Event Description**
     - Los Angeles County Fair
     - Provide Title/Explanation
   - **Face Value of Each Ticket/Pass**
     - $19.00
   - **Date(s)**
     - 08 30 13
     - 09 29 13
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [X] No [ ]
   - **If no:**
     - Fairplex
     - Name of Source: [Name]
   - **Was ticket distribution made at the behest of agency official?**
     - Yes [X] No [ ]
   - **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**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role [ ]
     - Other [X]
     - Income [ ]
   - **Per Ticket Policy 5.3 (h)**
     - Ceremonial Role [ ]
     - Other [ ]
     - Income [ ]
   - **If checking “Ceremonial Role” or “Other” describe below:**

   **C. Name of Outside Organization**
   - **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 19441 and 19442. 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
   - Comment: [Comment]

---

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors

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 X No □
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
Date(s) 08 30 13 09 29 13
Was ticket distribution made at the behest of agency official? Yes X No □
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:

Ceremonial Role □ Other X

Per Ticket Policy 5.3 (h)

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

4. Verification
I have read and understand FPPC Regulations 19244.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Ticket Administrator
Print Name
Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Los Angeles County Board of Supervisors**

### 2. Function or Event Information
- **Yes**
- **Face Value of Each Ticket/Pass:** $19.00
- **Event Description:** Los Angeles County Fair
- **Date(s):** 08 30 13 09 29 13
- **Ticket(s)/Pass(es) provided by agency:** Yes
- **Was ticket distribution made at the behest of agency official?** Yes

### 3. Recipients

<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>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dao, Theresa</td>
<td>2</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Per Ticket Policy 5.3 (h):**

- **Ceremonial Role**
- **Other**
- **Income**

### 4. Verification

I have read and understand FPPC Regulations 18044.1 and 18442. 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

**Date:** 10/3/13

**Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Fairplex
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
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 Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Per Ticket Policy 5.3 (h)
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 purposes made pursuant to the agency’s policy

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title
Avianna Uribe Ticket Administrator 10/3/13
(Month, Day, Year)

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Los Angeles County Fair
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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 ☐

Cavanaugh, Dennis M. 2 
Per Ticket Policy 5.3 (h)

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 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
Date (Month, Day, Year)
03/13

Comment:
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: (213) 974-4711
E-mail: Molina@laco.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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 ☑

- Per Ticket Policy 5.3 (h)

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 18641.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe, Ticket Administrator

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**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 | (213) 974-4111 |
| E-mail | Molina@lacbos.org |

| 2. Function or Event Information |  |
| Does the agency have a ticket policy? | Yes ☑ No ☐ |
| Event Description | Los Angeles County Fair |
| Face Value of Each Ticket/Pass $ | 19.00 |
| Date(s) | 08 30 13 09 29 13 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☑ No ☐ |
| Location | Fairplex |
| Was ticket distribution made at the behest of agency official? | Yes ☑ No ☐ |
| Supervisor/Name | Molina, Gloria |
| Official’s Name (Last, First) |  |

| 3. Recipients |  |
| Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy |
| Name of Individual | 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 |
| tseng, ling-ya | 2 |  |

| 4. Verification |  |
| I have read and understand FPPC Regulations 19641.1 and 19642. 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 |  |
| Date (Month, Day, Year) | 10/3/3 |

Comment:  |

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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** (213) 974-4111
**E-mail** Molina@lacbos.org

**Date Stamp**

**California Form 802**

**A Public Document**

**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 [ ]

**Face Value of Each Ticket/Pass $**

**Los Angeles County Fair**

**Event Description**

**Date(s)** 08 30 13 09 29 13

**Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]

**Was ticket distribution made at the behest of agency official?** Yes [X] No [ ]

**Ticket(s)/Pass(es)** Fairplex

**Date(s)**

**Name of Source**

**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**

**Date(s)**

**Number of Ticket(s)/Pass(es)**

Choose one of the following:

- **Ceremonial Role**
- **Other**
- **Income**

**Per Ticket Policy 5.3 (h)**

---

**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 19441.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

**Avianna Uribe**

Signature of Agency Head or Designee

**Ticket Administrator**

Print Name

Title

(Month, Day, Year)

---

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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
   (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 $ 19.00
   Event Description
   Los Angeles County Fair
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) 08 30 13 09 29 13
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Supervisor Gloria Molina
   If no: Fairplex

3. Recipients
   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 [x]
   Income [ ]
   Per Ticket Policy 5.3 (h)
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

4. Verification
   I have read and understood FPPC Regulations 19344.1 and 19349. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Ticket Administrator
   Date (Month, Day, Year)
   10/3/13
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@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
Los Angeles County Fair

Face Value of Each Ticket/Pass $ 19.00

Date(s) 08 30 13 09 29 13

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

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other [x]</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tran, Ngoc</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 10441.1 and 10442. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe  Ticket Administrator

Signature of Agency Head or Designee  Print Name  Title

Comment: 

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
if no: Fairplex
Name of Source
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
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)
Ceremonial Role [ ] Other [x]
Income [ ]
if checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)
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

4. Verification
I have read and understand FPPC Regulations 19441.1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Comment:

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Los Angeles County Fair
   Face Value of Each Ticket/Pass $ 19.00
   Date(s): 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Fairplex
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   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 (Use one) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☒ Other ☐ Income ☐
   Beas, Ruben & Mary 4 Per Ticket Policy 5.3 (h)
   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

4. Verification
   I have read and understand FPPC Regulations 18444.1 and 18449. 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) 10/3/13

Comment:
## 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**
(213) 974-4111

**E-mail**
Molina@iacbos.org

**Date Stamp**
California Form 802

**For Official Use Only**

### Function or Event Information

**Does the agency have a ticket policy?**
Yes [X] No 

**Face Value of Each Ticket/Pass**
19.00

**Event Description**
Los Angeles County Fair

**Date(s)**
08 30 13 09 29 13

**Ticket(s)/Pass(es) provided by agency?**
Yes [X] No

**Ticket(s)/Pass(es) provided by agency?**
Fairplex

**Was ticket distribution made at the behest of agency official?**
No [X] Yes

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

### 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
<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>
</table>

#### B. Name of Individual

**Name of Individual**
Guzman, Gil

**Number of Ticket(s)/Pass(es)**
2

**Identify one of the following:**

- Ceremonial Role [X]
- Other [X]

**Income**

**Per Ticket Policy 5.3 (h)**

- Ceremonial Role [X]
- Other [X]

**Income**

#### C. Name of Outside Organization

**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**

### Verification

I have read and understand FPPC Regulations 18641.1 and 18642. 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**

**Date**
10/3/13

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

### 1. Agency Name
- Los Angeles County Board of Supervisors

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Los Angeles County Fair
- **Face Value of Each Ticket/Pass:** $19.00
- **Date(s):** 08 30 13 09 29 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

### 3. Recipients
- **A. Name of Agency, Department or Unit**: [Blank]
- **Number of Ticket(s)/Pass(es)**: [Blank]
- **Describe the public purpose made pursuant to the agency's policy**: [Blank]
- **B. Name of Individual**: Beas, Jr., Ruben
- **Number of Ticket(s)/Pass(es)**: 2
- **Ceremonial Role**: [ ] Other [x]
- **Income**: [ ]
- **Per Ticket Policy 5.3 (h)**
- **Ceremonial Role**: [ ] Other [ ]
- **Income**: [ ]
- **C. Name of Outside Organization**:
- **Number of Ticket(s)/Pass(es)**: [Blank]
- **Describe the public purpose made pursuant to the agency's policy**: [Blank]

### 4. Verification
- **Signature of Agency Head or Designee**: Avianna Uribe
- **Print Name**: Ticket Administrator
- **Title**: [Blank]
- **Date**: 10/3/13
- **Comment**: [Blank]

---

For Official Use Only

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [ ]
   - **Event Description**
     - Los Angeles County Fair
   - **Face Value of Each Ticket/Pass** $19.00
   - **Date(s)**
     - 08
     - 30
     - 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

3. **Recipients**
   - **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**
     - Name: Hernandez, Daniel
     - Number of Ticket(s)/Pass(es): 2
     - Ceremonial Role [ ] Other [x] Income [ ]
     - Per Ticket Policy 5.3 (h)
       - Ceremonial Role [ ] Other [ ] Income [ ]
   - **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 understood FPPC Regulations 18544, 1 and 18542. 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**
   - **Title** Ticket Administrator
   - **Date** 10/3/13

---

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐

Event Description
Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

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

Date(s) 08 30 13 09 29 13

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

Facility Name: Fairplex

Official’s Name (Last, First)
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 Date(s) 08 30 13 09 29 13

Number of Ticket(s)/Pass(es) 2

Identify one of the following:

Ceremonial Role ☑ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

Per Ticket Policy 5.3 (h)

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

4. Verification

I have read and understood FPPC Regulations 18644.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Avianna Uribe Ticket Administrator

Print Name

Title

(Month, Day, Year) 10/3/15

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Los Angeles County Board of Supervisors

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑️ No ☐
   - **Event Description**
     - Los Angeles County Fair
   - **Face Value of Each Ticket/Pass** $19.00
   - **Date(s)**
     - 2008 30 13 09 29 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑️ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☑️ Yes ☑️
   - **Event Location**
     - Fairplex
   - **Name of Source**
     - Supervisor Gloria Molina
   - **Official's Name (Last, First)**

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Number of Ticket(s)/Pass(e(s))
     - Describe the public purpose made pursuant to the agency's policy
   - **B. Name of Individual**
     - Valenzuela, William
     - Number of Ticket(s)/Pass(e(s)) 2
     - Ceremonial Role ☑️ Other ☑️ Income ☑️
   - **C. Name of Outside Organization**
     - (Include address and description)
     - Number of Ticket(s)/Pass(e(s))
     - Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   - I have read and understand FPPC Regulations 10444.1 and 10442. 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) 10/21/13
   - **Comment:**
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@lacobos.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
Los Angeles County Fair

Face Value of Each Ticket/Pass $ 19.00

Date(s) 08 30 13 09 29 13

If no: Fairplex

If yes: Supervisor Gloria Molina

Name of Recipient
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>A. 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>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortega, Esperanza</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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>(Include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood FPPC Regulations 18441 and 19842. 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:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@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
   Los Angeles County Fair
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   Was ticket distribution made at the behest of agency official? Yes[ ] No[ ]
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08/30/13 09/29/13
   If no: Fairplex
   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[ ] Other[ ] Income[ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Per Ticket Policy 5.3 (h)
      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
      
      
      
4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18947. 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)
   10/2/13
   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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@lacbos.org

Date Stamp
California Form 802

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]

Face Value of Each Ticket/Pass $ 19.00

Event Description  Los Angeles County Fair

Date(s)  08  30  13  09  29  13

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

If yes: Fairplex

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

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

Name  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

B. Name of Individual

Name  Same As Printed  Number of Ticket(s)/Pass(es)  Identify one of the following:

Ceremonial Role  Other  Income

If checking "Ceremonial Role" or "Other" describe below:

Per Ticket Policy 5.3 (h)

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 18641.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  Print Name  Title
Avianna Uribe  Ticket Administrator  10/3/13

Comment:
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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: (213) 974-4111
- E-mail: Molina@lacbos.org

#### Date Stamp
- California Form 802
- For Official Use Only

#### 2. Function or Event Information
- Does the agency have a ticket policy? **Yes**
- Event Description: Los Angeles County Fair
- Face Value of Each Ticket/Pass: $19.00
- Date(s): 08 30 13
-票/Pass(es) provided by agency? **Yes**
- If yes: Supervisor Gloria Molina

#### 3. Recipients

<table>
<thead>
<tr>
<th>A. 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>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Cynthia</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Per Ticket Policy 5.3 (h)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
- Signature of Agency Head or Designee: Avianna Uribe
- Title: Ticket Administrator
- Date: 10/3/13
- Comment:
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@lacbos.org

Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes X No

Event Description Los Angeles County Fair

Face Value of Each Ticket/Pass $ 19.00

Date(s) 08 30 13 09 29 13

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

If no: Fairplex

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

<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>

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

Jimenez, Javier 2 Ceremonial Role X Other Income

Per Ticket Policy 5.3 (h)

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

<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></td>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19442. 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:

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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)

Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐

Event Description Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s):
08 30 13 09 29 13

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

If no: Fairplex

If yes: Supervisor Gloria Molina

Name of Source 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:

Juarez, Richelle 2 Ceremonial Role ☐ Other ☑ Income ☐

Per Ticket Policy 5.3 (h)

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 19444.1 and 19447. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Ticket Administrator

Print Name

Title

(10/3/2)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-7772)
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@lacbos.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 2)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes [X] No [ ]

Event Description: Los Angeles County Fair

Face Value of Each Ticket/Pass: $19.00

Date(s) | 08/30/13 | 09/29/13

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

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 | Number of Ticket(s)/Pass(es) | Ceremonial Role [X] Other [ ] Income [ ]

Name: Maciel, John

2

Ceremonial Role [X] Other [ ] Income [ ]

Per Ticket Policy 5.3 (h)

Ceremonial Role [X] 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
--- | --- | ---

4. Verification

I have read and understand FPPC Regulations 19441.1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe

Ticket Administrator

Print Name | Title
--- | ---

Date: 10/3/13 (Month, Day, Year)

Comment:
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
   (213) 974-4111
   E-mail
   Molina@lacs.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description
   Los Angeles County Fair
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Fairplex
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   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 [X]
   Income [ ]
   Per Ticket Policy 5.3 (h)
   Ceremonial Role [ ] Other [ ]
   Income [ ]

   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 18961.1 and 18963. 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
   Date (Month, Day, Year) 10/3/13
   Comment:

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $ 19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: Fairplex
Name or 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) Ceremonial Role Other [x] Income [ ]
   if checking “Ceremonial Role” or “Other” describe below:
   Per Ticket Policy 5.3 (h)
   Olivarez, Katherine 2
   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

4. Verification
I have read and understood FPPC Regulations 18944.1 and 18945.1, I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe Ticket Administrator 10/2/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Fairplex
   If yes: Supervisor Gloria Molina
   Name of Source
   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
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☑
      Income ☐
      Per Ticket Policy 5.3 (h):
      Ceremonial Role ☐ Other ☐
      Income ☐

   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 19844.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Title
   Date
   Comment

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

Date Stamp  California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy?  Yes  No
Event Description  Los Angeles County Fair
Date(s)  08  30  13  09  29  13
Ticket(s)/Pass(es) provided by agency?  Yes  No
If no:  Fairplex
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  Ceremonial Role
(Last, First)  Other
Number of Ticket(s)/Pass(es)  Income
Identification of one of the following:

Per Ticket Policy 5.3 (h)
Ceremonial Role  Other  Income
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization  Ceremonial Role
(Include address and description)  Other
Number of Ticket(s)/Pass(es)  Income
Describe the public purpose made pursuant to the agency's policy

4. Verification
I have read and understand FPPC Regulations 1944.1 and 1942. 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

| Agency Name | Date Stamp | A Public Document
|-------------|------------|------------------
| Los Angeles County Board of Supervisors | California Form 802
| Division, Department, or Region (If Applicable) | For Official Use Only
| First District | |
| Designated Agency Contact (Name, Title) | |
| Avianna Uribe, Ticket Administrator | |
| Area Code/Phone Number | E-mail | Date of Original Filing: (Month, Day, Year)
| (213) 974-4111 | Molina@lacobs.org |

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Los Angeles County Fair</td>
<td></td>
</tr>
<tr>
<td>Date(s)</td>
<td>08 30 13 09 29 13</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>19.00</td>
<td></td>
</tr>
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</table>

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 |

| Price, Joseph | 2 |
| Per Ticket Policy 5.3 (h) |

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 19641.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Signature of Agency Head or Designee
Print Name
Title

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: Fairplex
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>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubalcava, Nicholas</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [X] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19442. 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) 10/3/13

Comment:
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@lacobos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ❌
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $ 19.00
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes No ☑
Was ticket distribution made at the behest of agency official? No Yes ☑
If no: Fairplex
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

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<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
Per Ticket Policy 5.3 (h)
<table>
<thead>
<tr>
<th>Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sotelo, Marilu</td>
<td>2</td>
<td>Ceremonial Role ☤ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18945. 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: (Last, First)
(Month, Day, Year) 10/3/12

Comment:
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@lacbos.org

2. Function or Event Information
Face Value of Each Ticket/Pass $19.00
Does the agency have a ticket policy? Yes[ ] No[X]
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]
Was ticket distribution made at the behest of agency official? No[ ] Yes[X]
If yes: Supervisor Gloria Molina
Name of Source Official's Name (Last, First)

3. Recipients
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 Date, Year Number of Ticket(s)/Pass(es) Ceremonial Role Other Income
Ceremonial Role [ ] Other [X] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purposes 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
Avianna Uribe Ticket Administrator 10/3/13
(Month, Day, Year)

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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**
   - (213) 974-4111

   **E-mail**
   - Molina@lacbos.org

   **Date Stamp**
   - California Form 802

   **Date of Original Filing**
   - (Month, Day, Year)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description**
     - Los Angeles County Fair

   - **Face Value of Each Ticket/Pass**
     - $19.00

   - **Date(s)**
     - 08 30 13
     - 09 29 13

   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [x]

   - **Name of Source**
     - Fairplex

   - **Official’s Name (Last, First)**
     - 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**
   - **Name**
     - Sotelo, Jasmin
   - **Number of Ticket(s)/Pass(es)**
     - 2
   - **Identify one of the following:**
     - **Ceremonial Role**
     - **Other** [x]

   **Income**

   - **Per Ticket Policy 5.3 (h)**

   **Comment:**

   **C. Name of Outside Organization**
   - **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 18994.1 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**
   - (Month, Day, Year)

   **Comment:**
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@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description Los Angeles County Fair
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Fairplex
   If yes: Supervisor Gloria Molina
   Name of Source
   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 ☐
   Wright, Miriam 2 Per Ticket Policy 5.3 (h)
   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
   
4. Verification
   I have read and understand FPPC Regulations 19641 and 19642. 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
   Date (Month, Day, Year)
   10/3/3

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

A Public Document

1. Agency Name

Los Angeles County Board of Supervisors
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

2. Function or Event Information

Does the agency have a ticket policy? Yes[ ] No[ ]

Face Value of Each Ticket/Pass $19.00

Event Description Los Angeles County Fair

Date(s) 08 30 13 09 29 13

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

If no: Fairplex

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

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

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 Number of Ticket(s)/Pass(es) Identify one of the following:

Duarte, Yolanda 4 Ceremonial Role Other Income

Per Ticket Policy 5.3 (h)

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 FFPC Regulations 19244.1 and 19245. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe Ticket Administrator

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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
   - (213) 974-4111
   - E-mail
   - Molina@lacbos.org
   - Date Stamp

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $19.00
   - Event Description
   - Los Angeles County Fair
   - Date(s)
   - 08 30 13 09 29 13
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no:
     - Name of Source
     - Fairplex
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - If yes:
     - Official's Name (Last, First)
     - 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)
   - Ceremonial Role ☐ Other ☑ Income ☐
   - Per Ticket Policy 5.3 (h)
   - 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

4. **Verification**
   - I have read and understand FPPC Regulations 10644.1 and 10642. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signatures of Agency Head or Designee
   - Avianna Uribe
   - Title
   - Ticket Administrator
   - Print Name

Comment:

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

Date Stamp
A Public Document 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 $19.00

Event Description Los Angeles County Fair

Date(s) 08 30 13 09 29 13

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

If no: Fairplex 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) Ceremonial Role ☐ Other ☒ Income ☐

Sutkin, Carrie 4 Per Ticket Policy 5.3 (h)

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 (Month, Day, Year)

Comment:
**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** (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** Los Angeles County Fair
- **Face Value of Each Ticket/Pass** $19.00
- **Date(s)** 08 30 13 09 29 13

**Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
**If no:** Fairplex
**Name of Source**
**Official's Name (Last, First)**

### 3. Recipients

- **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 [x]
    - Income [ ]
    - **Per Ticket Policy 5.3 (h)**
    - Ceremonial Role [ ] Other [ ]
    - Income [ ]

- **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 understood FPPC Regulations 18644.1 and 18642. 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**

**Date** 10/3/13

**Comment:**

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   **Event Description** Los Angeles County Fair
   **Face Value of Each Ticket/Pass** $19.00
   **Date(s)** 08 10 13 09 29 13
   **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]
   **If no:** Fairplex
   **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**
   **Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Ceremonial Role** [ ] Other [x] Income [ ]
   **If checking “Ceremonial Role” or “Other” describe below:**
   **Per Ticket Policy 5.3 (h)**
   **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**

4. **Verification**
   I have read and understand FPPC Regulations 18966.1 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**
   **Date** (Month, Day, Year)
   **Comment:**

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Fairplex
   Name of Source
   If no: 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 ☐
   Per Ticket Policy 5.3 (h)
   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
   (Month, Day, Year)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $19.00
Event Description Los Angeles County Fair
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes □ No □
No □ Yes □
If no: Fairplex
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>
<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>

<table>
<thead>
<tr>
<th>Name of individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Victor</td>
<td>6</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>

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

Comment:

Signature of Agency Head or Designee
Print Name
Title

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

   Date Stamp California Form 802
   Amendment: (Must provide explanation in Part 2)
   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 $27.00
   Event Description Concert at Hollywood Bowl
   Provide Title/Explanation
   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
   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 (i)
      Provides services for youth.

4. Verification
   I have read and understand FPPC Regulations 19443.1 and 19447. I have verified that the distribution set forth above is in accordance with the requirements.
   Date: 3/3
   Signature of Agency Head or Designee
   Avianna Uribe
   Ticket Administrator
   Print Name Title

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - Avianna Uribe, Ticket Administrator
   - (213) 974-4111
   - Molina@lacbos.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** Concert at Hollywood Bowl
   - **Face Value of Each Ticket/Pass** $27.00
   - **Date(s)** 08 106 13
   - **If no:** LA Philharmonic
   - **Name of Source** 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>
<thead>
<tr>
<th>A. 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>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
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<td></td>
<td><em>If checking “Ceremonial Role” or “Other” describe below:</em></td>
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<tr>
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<tr>
<th>C. Name of Outside Organization</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>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baldwin Park Unified School Dist.</td>
<td>12</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Adult Edu. 4640 Maine Ave., Baldwin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Park, CA 91706</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - I have read and understood FPPC Regulations 19344.1 and 18944.2. 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:**
   - **Date:** 10/31/20

   **Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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: (213) 974-4111
   E-mail: Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Concert at Hollywood Bowl
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $27.00
   Date(s): 08 10 13
   If no: LA Philharmonic
   Name of Source: Supervisor Gloria Molina
   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

   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
   Our Savior Center - Kids Campus
   4316 N. Peck Road, El Monte, CA 91732
   30 Per Ticket Policy (i)
   Provides youth services.

4. Verification
   I have read and understood FPPC Regulations 19644.1 and 19644.2. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe
   Title: Ticket Administrator
   Date: 10/21/0
   Comment:

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