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 ☐  
Face Value of Each Ticket/Pass $ 27.00  
Date(s)  
Event Description: Concert at Hollywood Bowl  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
LA Philharmonic  
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)  
Identify one of the following:

- Ceremonial Role ☐  
- Other ☐  
- Income ☐  

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

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

B. 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

Baldwin Park Unified School District Adult Ed.  
4600 Maine Ave., Baldwin Park, CA 91706  
14  
Per Ticket Policy (i)

Adult education.

4. Verification  
I have read and understand FPPC Regulations 18924.1 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 (Last, First)  
10/2/13

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
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
• 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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</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>Bell Shelter (Salvation Army) 5600 Rickenbacker, Bell, CA 90201</td>
<td>40</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Provides services to families in need.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18947.1 and 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
(213) 974-4111 Molina@lacbos.org

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 Concert at Hollywood Bowl

Provide Title/Explanation

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

Date(s)
08 01 13

If no: LA Philharmonic

Name of Source

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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

<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:

<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></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [x] 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>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>Bienvenidos Children Center, Inc. 110 S. Garfield Ave., Montebello, CA 90640</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Provides services for children &amp; families.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18994.1 and 18994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe  Ticket Administrator  1/19/17

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**

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

**Event Description**
Concert at Hollywood Bowl

**Date(s)**
08 01 13

**Face Value of Each Ticket/Pass $**
27.00

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

**If no:** LA Philharmonic

**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**

<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**

<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>[ ] Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></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>
<tbody>
<tr>
<td>CERT Pico Rivera</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training the community in disaster &amp; emergency response</th>
</tr>
</thead>
</table>

**4. Verification**
I have read and understand FPPC Regulations 18944.1 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 (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 Concert at Hollywood Bowl

Face Value of Each Ticket/Pass $ 27.00

Date(s) 08 01 13

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

If no: LA Philharmonic

If yes: Supervisor Gloria Molina

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

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

East Los Angeles Chamber of Commerce
611 Oakford Avenue, Los Angeles, CA 90022

20 Per Ticket Policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18948. 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 of Original Filing: (Month, Day, Year)

Certification

Comment:

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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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 Email: Molina@lacsos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description: Concert at Hollywood Bowl
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
Face Value of Each Ticket/Pass $27.00
Date(s) 08 01 13
If no: LA Philharmonic
Name of Source:
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

3. Recipients
- Use Section A to identify the agency's department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [X] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avianna Uribe</td>
<td>票面价格$27.00</td>
<td></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 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>Embracing the Whole Child</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
</tr>
</tbody>
</table>

Provides family services.

4. Verification
I have read and understand FPPC Regulations 18924.1 and 18924.2. 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: (Month, Day, Year) 10/23/12

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: 213974-4111
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
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 $ 27.00
Date(s) 08 01 13
If no: LA Philharmonic
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td></td>
</tr>
<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>Ceremonial Role ☐ Other ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</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>Evergreen Church - Avocado Heights 323 Workman Mills Road, La Puente, CA 91741</td>
<td>30</td>
<td>Per Ticket Policy (l)</td>
</tr>
<tr>
<td>Provides community services through youth and senior activities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19347. 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 [X] No [ ]
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Face Value of Each Ticket/Pass $ 27.00
Date(s) 08 01 13
If no: LA Philharmonic
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 [X]
   If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   Monterey Park Pacemakers Seniors
   542 Casada Canyon Dr., Monterey Park, CA
   30 Per Ticket Policy (i)
   Non-profit senior club.

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 Print Name Title
(213) 974-4111 Molina@lacbos.org

FPPC Form 802 (4/13)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Los Angeles County Board of Supervisors

Division, Department, or Region: First District

Designated Agency Contact: Avianna Uribe, Ticket Administrator

Area Code/Phone Number: (213) 974-4111

E-mail: Molina@lacbos.org

Face Value of Each Ticket/Pass: $27.00

Event Description: Concert at Hollywood Bowl

Date(s): 08 01 13

Ticket(s)/Pass(es) provided by agency: Yes

Was ticket distribution made at the behest of agency official: Yes

Name of Source: LA Philharmonic

Official’s Name (Last, First): Supervisor Gloria Molina

Recipient Information:

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:

C. Name of Outside Organization

Number of Ticket(s)/Pass(es)

Describe the public purpose made pursuant to the agency’s policy

North Whittier Neighborhood Watch
Post Office Box 75-606, Los Angeles, CA 90007

16 Per Ticket Policy (i)

Advocates for safe neighborhoods.

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

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: [ ]
Print Name: [ ]
Title: [ ]

Comment: [ ]

FPPC Form 802 (4/12)
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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 Concert at Hollywood Bowl
Face Value of Each Ticket/Pass $ 27.00
Date(s) 08 01 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA Philharmonic
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  (Inc, Rt)  Number of Ticket(s)/Pass(es)  Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
Pomona Economic Opportunity Center
P.O. Box 2496, Pomona, CA 91769
30 Per Ticket Policy (i)
Non-profit providing services to the community.

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.

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

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:

2. **Function or Event Information**
   **Does the agency have a ticket policy?**
   Yes [ ] No [X]  
   **Face Value of Each Ticket/Pass**
   $27.00
   **Date(s)**
   08 01 13
   **Event Description**
   Concert at Hollywood Bowl
   **Provide Title/Explanation**
   **Ticket(s)/Pass(es) provided by agency?**
   Yes [ ] No [X]  
   **If no:**
   LA Philharmonic
   **Name of Source**
   **If yes:**
   Supervisor Gloria Molina
   **Official's Name (Last, First)**

3. **Recipients**
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

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

   **B. Name of Individual**
   (Last, First)
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role [ ] Other [ ]**
   **Income [ ]**
   **If checking 'Ceremonial Role' or 'Other' describe below:**
   **Ceremonial Role [ ] Other [ ]**
   **Income [ ]**
   **If checking 'Ceremonial Role' or 'Other' describe below:**

   **C. Name of Outside Organization**
   (Include address and description)
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   San Gabriel Valley Conservation Corp.
   3017 Tyler Avenue, El Monte, CA 91731
   **Number of Ticket(s)/Pass(es)**
   30
   **Per Ticket Policy (i)**
   **Provide youth services.**

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

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

## 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 01 13

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

**If no:** LA Philharmonic

**Name of Source**

**If yes:** Supervisor Gloria Molina

**Official’s Name (Last, First)**

## 3. Recipients

* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

### 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>
<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></td>
<td></td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income [ ]</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>
<tbody>
<tr>
<td>USC Memory &amp; Aging Center</td>
<td>4</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>1520 San Pablo St., #3000, LA, CA 90033</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Support for caregivers

## 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, Ticket Administrator

**Print Name**

**Title**

10 02 13

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