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

1. Agency Name
Los Angeles County Board of Supervisors - First District
Division, Department, or Region (If Applicable)
Avianna Uribe - Ticket Administrator
Designated Agency Contact (Name, Title)

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 [LA Philharmonic Performance]
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Wasa ticket distribution made at the behest of agency official? No [ ] Yes [X]

Face Value of Each Ticket/Pass $168.00
Date(s) 05 04 12
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 (Include Title) Number of Ticket(s)/Pass(es) Identify one of the following:

Reyes, Jesus 2 Ceremonial Role [ ] Other [X] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
Per our 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 19441.1 and 19440. 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:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (856/278-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors - First District

Division, Department, or Region (If Applicable)

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

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

Date Stamp California Form 802
A Public Document 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 [X] No

Face Value of Each Ticket/Pass $99.00

Event Description LA Philharmonic Performance
Provide Title/Explanation

Date(s)
(05 06 12)

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 | 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
Goetz Art Studio | 2 | Per our Ticket Policy 5.3 (h)
5432 East Olympic Blvd., LA, CA 90022

4. Verification
I have read and understood FPPC Regulations 16944.1 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

(Full Name) (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FFPC (855/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors - First District
   Division, Department, or Region (If Applicable)
   Avianna Uribe - Ticket Administrator
   Designated Agency Contact (Name, Title)
   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: $99.00
   Event Description: LA Philharmonic Performance
   Date(s): 05/07/12
   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
      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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [X] Other [ ]
      Ceremonial Role: Per our Ticket Policy 5.3 (h)
      Income [ ]

<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>Lujan, Naiche</td>
<td>2</td>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
</tbody>
</table>

   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>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18544.1 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: 6/18/15

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors - First District
Division, Department, or Region (If Applicable)
Avianna Uribe - Ticket Administrator
Designated Agency Contact (Name, Title)

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 LA Philharmonic Performance
Provide Title/Explanation
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 $168.00
Date(s) 05 07 12

If no:
Name of Source
LA Philharmonic

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>Benitez, Tomas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:
Per our Ticket Policy 5.3 (h)
Ceremonial Role ☐ Other ☑ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

<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>
<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
Ticket Administrator
Print Name
Title
Date (Month, Day, Year)

Comment:

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

1. Agency Name
   Los Angeles County Board of Supervisors - First District
   Division, Department, or Region (If Applicable)

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

   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: $99.00
   Event Description: LA Philharmonic Performance
   Date(s): 09 12
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source: LA Philharmonic
   If no: Name of Source:
   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:
      |                                |                             |
      | Lujan, Otono                   | 2                            |
      | Per our Ticket Policy 5.3 (h)  |                             |
      | Ceremonial Role [x] 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 18944 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: 

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

   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 $168.00
   Event Description: LA Philharmonic Performance
   Date(s): 05/09/12
   Ticket(s)/Pass(es) provided by agency? **Yes** ☐ **No** ☑
   Name of Source: LA Philharmonic
   If 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)
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   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
   Asian Youth Center (Community Org.) 2 Per our Ticket Policy 5.3 (i)
   232 W. Clary Ave., San Gabriel, CA 91776

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18946. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: [Signature]
   Print Name: Avianna Uribe
   Title: Ticket Administrator
   Date (Month, Day, Year): 6/1/12
   Comment: [Comment]

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   Avianna Uribe - Ticket Administrator
   Designated Agency Contact (Name, Title)
   (213) 974-4111
   Molina@lacsos.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description
     LA Philharmonic Performance
   - Face Value of Each Ticket/Pass $99.00
   - Date(s) 05 22 12
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: LA Philharmonic
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   - 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**

<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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<thead>
<tr>
<th><strong>B. Name of Individual (Last, First)</strong></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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C. Name of Outside Organization (Include address and description)</strong></th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East LA Skill Center (Training Center)</td>
<td>2</td>
<td>Per our Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>3921 Selig Place, Los Angeles, CA 90031</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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors - First District
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   Avianna Uribe - Ticket Administrator
   Designated Agency Contact (Name, Title)

   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: LA Philharmonic Performance
   Face Value of Each Ticket/Pass $168.00
   Date(s): 05 22 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Philharmonic
   Name of Source:
   If yes: Supervisor Gloria Molina
   Official’s Name (Last, First)

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

   **Section A**
<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>

   **Section B**
<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 ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

   **Section C**
<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East LA Skill Center (Training Center)</td>
<td>2</td>
<td>Per our Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>3921 Selig Place, Los Angeles, CA 90031</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18944. 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
   Time (Month, Day, Year)

   Comment: