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] [No] ✓
Face Value of Each Ticket/Pass: $99.00
Event Description: LA Philharmonic Performance
Date(s): 05 06 12
Ticket(s)/Pass(es) provided by agency? [Yes] [No] [X]
Name of Source:
LA Philharmonic
Wasa ticket distribution made at the behest of agency official? [No] [Yes] [X]
Name of Source:
Supervisor Gloria Molina
Official’s Name (Last, First): Molina

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

<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>
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</table>

| 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:

<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>
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<tbody>
<tr>
<td>Highland Park Chamber of Commerce</td>
<td>2</td>
<td>Community Organization / Per our Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>5016 York Blvd., LA, CA 90042</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 [Signature]
Print Name: Ticket Administrator
Title: [Title]
Date: 06/20/19 (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
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@lacsos.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 □
Event Description LA Philharmonic Performance
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
Face Value of Each Ticket/Pass $168.00
Date(s) 05 06 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.

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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.
Avianna Uribe
Ticket Administrator
Signature of Agency Head or Designee Print Name Title
(6/18/12)

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 - First District
   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 ☐
   Event Description: LA Philharmonic Performance
   Provide Title/Explanation
   Face Value of Each Ticket/Pass: $168.00
   Date(s): 05/08/12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   LA Philharmonic
   Name of Source
   If no: 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 purpose made pursuant to the agency's policy

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

      Friends of the East LA Library 2 Community Organization / Per our Ticket Policy 5.3 (i)
      4837 E. 3rd Street, Los Angeles, CA 90022

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:

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2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description
LA Philharmonic Performance
Provide Title/Explanation

Face Value of Each Ticket/Pass $99.00
Date(s)
05 08 12

Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no:
LA Philharmonic
Name of Source

Wasa ticket distribution made at the behest of agency official? Yes □ No □
If yes:
Supervisor Gloria Molina
Official’s Name (Last, First)

3. Recipients
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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
Date: 10/18/12
Title: Ticket Administrator

Print Name

Comment: