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 $17.00
Date(s) 08 31 12 09 30 12
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(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 (g).
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 19641.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signatory or 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
(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 $17.00

Event Description
Los Angeles County Fair
Event Date(s)
08 31 12 09 30 12

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
Officer'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>
<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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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>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>51</td>
<td>Per Ticket Policy 5.3 (h)</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>Azusa Senior Center</td>
<td>51</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td>740 N. Dalton Ave., Azusa, CA 91702</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
(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@laczos.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 ☐
Face Value of Each Ticket/Pass $17.00
Event Description Los Angeles County Fair
Date(s) 08 31 12
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:
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
Montebello Senior Center 47 Per Ticket Policy 5.3 (h)
115 S. Taylor Ave., Montebello, CA 90640

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 10/2/12
Signature Agency Head or Designee Print Name Title
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 858/ASK-FPPC (858/275-7772)
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 $ 17.00
Event Description: Los Angeles County Fair
Date(s) 08/31/12 09/30/12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Fairplex
If yes: Supervisor Gloria Molina
Name of Source
Name of Source
Name of Source

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
Pico Rivera Senior Center 47 Per Ticket Policy 5.3 (h)
6767 Passons Blvd., Pico Rivera, CA 90660

4. Verification
I have read and understand the 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: Ticket Administrator
Title: (Month, Day, Year) 10/2/12

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
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $17.00
Event Description Los Angeles County Fair
Date(s) 08/31/12 09/30/12
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:

<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 (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</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<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>Salazar Park Senior Center</td>
<td>55</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td>3864 Whittier Blvd., Los Angeles, CA 90022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood 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
(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 [ ]
   Face Value of Each Ticket/Pass $17.00
   Event Description: Los Angeles County Fair
   Date(s): 08/31/12, 09/30/12
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Fairplex
   Name of Source: Supervisor Gloria Molina
   If yes: Supervisor Gloria Molina
   Officer'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>
<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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>Walnut Senior Center</td>
<td>55</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td>21215 La Puente Road, Walnut, CA 91789</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

A Public Document

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 ●
   Face Value of Each Ticket/Pass $17.00
   Event Description: Los Angeles County Fair
   Date(s): 08 31 12 09 30 12
   Ticket(s)/Pass(es) provided by agency? Yes [x] No ●
   If no: Fairplex
   Name of Source:
   If yes: Supervisor Gloria Molina
   Officer’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
      West Covina Senior Center 78 Per Ticket Policy 5.3 (h)
      2501 E. Cortez St., West Covina, CA 91791

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19947. 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 2)

Date of Original Filing

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

Face Value of Each Ticket/Pass $ 17.00

Event Description Los Angeles County Fair

Date(s) 08 31 12 09 30 12

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

If no: Fairplex

Name of Source Supervisor Gloria Molina

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

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.

<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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</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>

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

<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>

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19449. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator

Print Name Title

(213) 974-4111 Molina@lacbos.org

Date: 06/16/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 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 Opening Night of LA Philharmonic
Face Value of Each Ticket/Pass $110.00
Date(s) 09 27 12
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Philharmonic
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: Board of Supervisors Employee
Number of Ticket(s)/Pass(es): 2
Describe the public purpose made pursuant to the agency’s policy: Per Ticket Policy 5.3 (k)

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

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: (Month, Day, Year) 10/2/12

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  
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: __________ (Month, Day, Year)

---

### 2. Function or Event Information

Does the agency have a ticket policy? **Yes** ☑ **No** ☐  
Face Value of Each Ticket/Pass $_________  
Date(s) ___________ ___________ ___________  
Ticket(s)/Pass(es) provided by agency? **Yes** ☐ **No** ☑

**Event Description** Opening Night of LA Philharmonic  
Provide Title/Explanation

**If no:**

**Name of Source** Los Angeles Philharmonic  
**Name of Person** 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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</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>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 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 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: ___________  
(Modified, 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

   □ 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  Opening Night of LA Philharmonic
   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: $110.00
   Date(s): 09/27/12
   Name of Source: Los Angeles Philharmonic
   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
      Board of Supervisors Employee   2   Per Ticket Policy 5.3 (k)

   B. Name of Individual   (Last, First)   Number of Ticket(s)/Pass(es)   Identify one of the following:
      Ceremonial Role [□]  Other [□]  Incentive [□]
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role [□]  Other [□]  Incentive [□]
      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 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  Title: Ticket Administrator  Print Name:  Date: 10/2/13

   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@labos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $ 110.00
Event Description Opening Night of LA Philharmonic
Provide Title/Explanation
Date(s) 09 27 12
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Los Angeles Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Los Angeles County Employee</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (k)</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>Ceremonial Role ☐ Other: ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other: ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other: ☐ Income ☐</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>
</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.

Avianna Uribe Ticket Administrator 10/2/12
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: (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: Dodger Game
   Face Value of Each Ticket/Pass: $55.00
   Date(s): 09 03 12
   Ticket(s)/Pass(es) provided by agency?
   Yes □ No x
   If no: Los Angeles Dodgers
   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: Board of Supervisors Employee
      Number of Ticket(s)/Pass(es): 2
      Per Ticket Policy 5.3 (k)

   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:
      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 18644.2. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature: 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

2. **Function or Event Information**
   Does the agency have a ticket policy? ☑ Yes □ No
   Event Description: **Dodger Game**
   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 $55.00
   Date(s) 09 04 12
   If no: Los Angeles Dodgers
   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>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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</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 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
   Print Name
   Ticket Administrator
   Date (Month, Day, Year) 10/2/11
   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
Divison, 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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $55.00
Event Description Dodger Game
Provide Title/Explanation
Date(s)
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
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
Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

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

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 Ticket Administrator
Print Name
(Date, Month, Year) 1/24/12

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

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 Dodger Game
Face Value of Each Ticket/Pass $55.00
Date(s) 09 13 12
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Dodgers
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
Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

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:

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 10/21/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FFPC (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@lacsos.org

   □ Amendment (Must service 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 $55.00
   - Date(s) 01/09/12
   - Event Description: Dodger Game

   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Name of Source: Los Angeles Dodgers

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   --- | --- | ---
   Department of Children & Family Services | 16 | Per Ticket Policy 5.3 h & j / For Foster Youth - See Att. A

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

   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 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature: Avianna Uribe
   Title: Ticket Administrator
   Date: 09/2/12

Comment:
<table>
<thead>
<tr>
<th>Purpose of Distribution</th>
<th>ADDRESS</th>
<th>EVENT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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**DODGER TICKETS - SEPTEMBER 2012**