Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Los Angeles County Board of Supervisors For Official Use Only Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (213) 974-4111 Molina@lacbos.org (Month, Day, Year) 2. Function or Event Information 168.00 Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Concert at Disney Hall 19 13 Date(s) Provide Title/Explanation LA Philharmonic Yes No X If no: Ticket(s)/Pass(es) provided by agency? Supervisor Gloria Molina Was ticket distribution made at the behest No□ Yes⊠ Official's Name (Last, First) of agency official? 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. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Pass(es) Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below. 2 Bokde, Alina Per Ticket Policy 5.3 (h) Other _ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification I have read and PPC Regulations 18<u>944.1 and 18942. I have verified that the distri</u>pution set forth above, is in accordance with the re Avianna Uribe **Ticket Administrator** of Agency Head or Designee Print Name Title Comment

			Data Otama	California C C
Agency Name	Date Stamp	California 802		
Los Angeles County Board of Supervisors				For Official Use Only
Division, Department, or Region (If Applicable)			
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)			
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			1	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	168.00
Concert at Disney Hall	100-110	01	19 13	
Event Description Provide Title/Expl	anation	Date(s)		
Ticket(c)/Page(co) provided by agency?	Ves Class	x If no: LA Ph	ilharmonic	
Ticket(s)/Pass(es) provided by agency?	Yes No		Name of S	ource
Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?			Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	t to the agency's policy
	Pass(es)	Controller Superior		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(Last, First)	Pass(es)	I have been an the s	A Maria Carlo Carl	3.00
		Ceremonial Role	Other inial Role" or "Other" describe below	Income
Close, Richard	2	If checking Ceremon	mai Role of Other describe below	
		Per Ticket Policy 5.3	3 (h)	
		Ceremonial Role	Other	Income
			nial Role" or "Other" describe below	
C. Name of Outside Organization	Number of	B		
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy
Verification)		and the second second second second	PARTY OF THE PARTY	W 0 1 /
I have read and Indersand FPPC Regulations 18944.1 and				2/1/10
I have read and Inderstand FPPC Regulations 18944.1 and	na Uribe		forth above, is in accordance v ket Administrator	with the requirements

Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors		FOIIII		
Division, Department, or Region (If Applicable)			For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)			The same of	
Avianna Uribe, Ticket Administrator		10 4.4	1	
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
(213) 974-4111 Molina@lack	Date of Original Filing: (Month, Day, Year)			
Function or Event Information				168.00
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	100.00
Event Description Concert at Disney Hall		Date(s) 01	, 26 , 13	
Provide Title/Expla	anation		ilharmonic	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of S	ource
Was ticket distribution made at the behest	No□ Yes	x If yes: Supe	ervisor Gloria Molina	
of agency official?	140= 100	ii yoo	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or	-	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
	Tuss(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(Last, First)	Pass(es)	Ceremonial Role	Other X	Income
		San Description of the Control of th	nial Role" or "Other" describe below.	THEORIE E
Cardoso, Diego	4	Per Ticket Policy 5.3	3 (h)	
				Income
		Ceremonial Role Other If thecking "Ceremonial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	blic purpose made pursuar	t to the agency's policy
(monde dual coo and decompany)	Pass(es)			Mala super A property
Verification				
I have read and understay of FPPs, Regulations 18944.1 and	1 18942. I have ve	erified that the distribution set	forth above, is in accordance v	rith the requirements.
Avian	na Uribe	Tick	ket Administrator	2/1//2
() / / / / / / / / / / / / / / / / / /				
Signature of age licy Head or Designee	Print Nan	ne	Title	(Month, Day, Year)

-	icy Name			Date Stamp	California 802
Los Ar	ngeles County Board of Supervisors		E PARTY SERVICE		
	on, Department, or Region (If Applicab	The state of the s			For Official Use Only
First D	istrict				
	nated Agency Contact (Name, Title)				
Aviant	na Uribe, Ticket Administrator			1	
	Code/Phone Number E-mail			Amendment (Must provide explanation in I	
(213) 9	974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)
Func	tion or Event Information			Γ	168.00
Does t	the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	108.00
Event	Description Concert at Disney Hall		Date(s) 01	,31 ,13	
LVOIIL	Provide Title/Ex	planation		nilharmonic	
Ticket((s)/Pass(es) provided by agency?	Yes No	If no: LAPI	Name of Sc	ource
Mon ti	cket distribution made at the behest	No□ Yesl	Sup	ervisor Gloria Molina	
	ency official?	No Yesi	If yes:	Official's Name	(Last, First)
	pients				
• Use S	ection A to identify the agency's department of	or unit. • Use Sec	ction B to identify an individ	dual. • Use Section C to ider	ntify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
Board	d of Supervisors Employee	2	Per Ticket Policy 5	.3 (k)	
B. Name of Individual					
B.		Number of Ticket(s)/		Identify one of the follow	ving:
В.	Name of Individual (Last First)		Ceremonial Role If checking "Ceremonial Role		Income
В.		Ticket(s)/	If checking "Ceremonial Role	Other on other describe below.	Income
В.	(Last First) Name of Outside Organization	Number of Ticket(s)/	If checking "Ceremonial Role If checking "Ceremonial Role	Other onial Role" or "Other" describe below:	Income
	(Last First)	Ticket(s)/ Pass(es)	If checking "Ceremonial Role If checking "Ceremonial Role	Other on "Other" describe below. Other on "Other" describe below. Other on "Other" describe below.	Income
	(Last First) Name of Outside Organization	Number of Ticket(s)/	If checking "Ceremonial Role If checking "Ceremonial Role	Other on "Other" describe below. Other on "Other" describe below. Other on "Other" describe below.	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role	Other onial Role" or "Other" describe below. Other onial Role" or "Other" describe below. Other onial Role" or "Other" describe below.	Income Income Int to the agency's policy