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 Dodger Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes No X
If no: Los Angeles Dodgers
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)
Face Value of Each Ticket/Pass $34.00
Date(s) 07 11 13

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>
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<td></td>
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<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>Martinez, Evelyn</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income X</td>
</tr>
</tbody>
</table>

<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>(Include address and description)</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.
Avianna Uribe Ticket Administrator 7/31/13
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

Date Stamp: California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [X]  
Face Value of Each Ticket/Pass $34.00
Event Description: Dodger Game
Date(s): 07 12 13

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

Was ticket distribution made at the behest of agency official? Yes [X] 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.

<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>

| 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:   |

<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 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)  

Day: 7  
Month: 3  
Year: 2013

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 ☒ No ☐
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $34.00
   Date(s): 07/13/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles Dodgers
   Name of Source: Molina
   Official's Name (Last, First):
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   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
   Los Angeles County Employee | 2 | Per Ticket Policy (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 18044.1 and 18042. 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
   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 ☐
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass: $34.00
   Date(s): 07/25/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles Dodgers

3. Recipients
   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 (k)

   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.

   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 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: 7/31/13
   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@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 $34.00
Date(s) 07 26 13
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: Los Angeles Dodgers
If yes: Supervisor Gloria Molina
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.

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<td>Board of Supervisors Employee</td>
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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: Avianna Uribe
Print Name: Ticket Administrator
Date: 7/31/13

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 ☑ No ☐
   Event Description 
   Dodger Game
   Face Value of Each Ticket/Pass $34.00
   Date(s) 07 27 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: 
   If yes: Los Angeles Dodgers
   Official's Name (Last, First)
   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 (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 understood 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
   (Month, Day, Year)
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 856/ASK-FPPC (856/276-7772)
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
   - 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**
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass $34.00
   - Date(s): 07/28/13
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Name of Source: Los Angeles Dodgers
   - Was ticket distribution made at the behest of agency official? **Yes**
   - Name: 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**
   - Board of Supervisors Employee
   - Number of Ticket(s)/Pass(es): 2
   - 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

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: Avianna Uribe
   - Title: Ticket Administrator
   - Print Name: Molina
   - Date: 7/31/12

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

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 [x] No [ ]
Event Description: Dodger Game
Face Value of Each Ticket/Pass $34.00
Date(s): 07 30 13
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? Yes [x] 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.

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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
(07/31/12)

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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 3)
   [ ]

   **Date of Original Filing**
   [Month, Day, Year]

2. **Function or Event Information**
   [ ] Does the agency have a ticket policy?
   [ ] Face Value of Each Ticket/Pass $34.00

   **Event Description** Dodger Game

   **Date(s)** 07/31/13

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

   **Name of Source** Los Angeles Dodgers

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

   **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**
   Board of Supervisors Employee | 2 | Per Ticket Policy (k)

   **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

   **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 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:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)