Agency Report of:

Agency Name				D + 01	Committee of the
Agency Name	Poard of Cuponisor			Date Stamp	California 802
Los Angeles County Division, Department,					For Official Use Only
	or region (ii / ippilous	,,,			
First District  Designated Agency C	antant Mana Tilla				
Avianna Uribe, Ticke				Amendment (Must r	provide explanation in Part 3.)
Area Code/Phone Nur				1	
(213) 974-4111	Molina@lac	bos.org		Date of Original Filing:	(Month, Day, Year)
Function or Even				Г	\$168.00
Does the agency have		Yes No	Face Value	of Each Ticket/Pass \$	\$100.00
Event Description Cor	ncert at Disney Hall		Date(s) 11	,05 ,13	
	Provide Title/Exp	olanation			
Ticket(s)/Pass(es) pro	vided by agency?	Yes No	If no: LA Ph	ilharmonic	
Mas ticket diatribut	made of the better t		Supr	Name of So ervisor Gloria Molina	urce
Was ticket distribution of agency official?	made at the benest	No Yes	If yes:	Official's Name (	ast First)
				Oniou a ridine (i	Luci, i may
Recipients  • Use Section A to identify t	he agency's department or	runit elles Se	ction B to identify an industri	ual. • Use Section C to idem	
Committee of the latest and the late		Number of	The state of the s		THE RESERVE THE SHAPE IT TO THE
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Board of Supervisors Employee					
board or supervisors	Employee	2	Per Ticket Policy 5.3	(k)	
	Individual First)	Number of Ticket(s)/		Identify one of the followi	ng:
		Pass(es)			
			Ceremonial Role  If checking "Ceremon	lal Role" or "Other" describe below:	Income
					2
			Ceremonial Role	Other 🔲	Income
		-	If checking "Geremon	ial Role" or "Other" describe below:	
Name of Outsid	le Organization	Number of		The ways by the Indian	
(include address		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
^					
/erification		4			
	PC Regulations 18944.1 and	1 18942. I have ve	rified that the distribution set for	orth above, is in accordance with	the requirements. I
1/11	21.0	na Uribe		t Administrator	11/12 2/
Signature of Agency Head or	Designee	Print Name		Title	(Month, Day, Year)
- 3					(month, bay, podl)

. Agency Name			Date Stamp	California O O O
Los Angeles County Board of Superviso	rs		1	California 802
Division, Department, or Region (If Applica	ble)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator			ļ	
Area Code/Phone Number   E-mail			Amendment (Must)	provide explanation in Part 3.)
(213) 974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			Г	
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	\$99.00
Event Description Concert at Disney Hall		Date(s) 11	,12 ,13	
Provide Title/E.	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Ph	ilharmonic  Name of So	
Was ticket distribution made at the behest	No ☐ Yes	Supe	ervisor Gloria Molina	un.
of agency official?	NO E TES	If yes: Supe	Official's Name (	Last, First)
Recipients				
Use Section A to identify the agency's department		ection B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:
	Pass(es)	Ceremonial Role	Other Other Island Role" or "Other" describe below:	Income _
		Ceremonial Role	Other	
			al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
				max after y 2 Nove - A
Verification				
I have read and understand FPPC Regulations 18944.1 ar		The state of the s		the requirements.
Signature of Agency Head or Designee	nna Uribe		t Administrator	11/22/
	Print Nam	e e	Title	(Month, Day, Year)

Division, Department, or Region (If Applicable)  First District Designated Agency Contact (Name, Title)  Avainna Uribe, Ticket Administrator  Area Codd/Phone Number	A				A Public Docume
Division, Department, or Region (if Applicable)  First District  Designated Agency Contact (Name, Title)  Avianna Uribe, Ticket Administrator  Area Godd/Phone Number   E-mail   (213) 974-4111   Molina@lacbos.org   Date of Original Filling: (North, Day, Year)  Function or Event Information  Does the agency have a ticket policy? Yes No   Date of Original Filling: (North, Day, Year)  Function or Event Information  Does the agency have a ticket policy? Yes   No   Date (s)   11   12   13   Date (s)   12   13   Date (s)	Agency Name			Date Stamp	California 80
Avianna Uribe, Ticket Administrator  Area Code/Phone Number   E-mail   Molina@lacbos.org    Function or Event Information  Does the agency have a ticket policy? Yes No   Face Value of Each Ticket/Pass \$ \$168.00    Event Description   Concert at Disney Hall   Provide Time/Explanation   Frouder Time/Explanation    Ticket(s)/Pass(es) provided by agency? Yes   No   Yes   If no:   LA Philharmonic    Was ticket distribution made at the behest   No   Yes   If yes:   Supervisor Gloria Molina    Official?   Mame of Source   Supervisor Gloria Molina    Official?   Mame of Source   Supervisor Gloria Molina    Official?   Mame of Source    Name of Agency, Department or Unit   Number of Ticket(s)/Pass(es)    Pass(es)   Describe the public purpose made pursuant to the agency's policy    Pass(es)   Ceremonial Role   Other   Income    If checking "Ceremonial Role   Income    If checking "Ceremonial Role   Other   Income    If checking "Ceremonial Role   Income    If che					200000000000000000000000000000000000000
Avianna Uribe, Ticket Administrator  Area Code/Phone Number   E-mail   Molina@lacbos.org    Function or Event Information  Does the agency have a ticket policy? Yes No   Face Value of Each Ticket/Pass \$ \$168.00    Event Description   Concert at Disney Hall   Provide Time/Explanation   Frouder Time/Explanation    Ticket(s)/Pass(es) provided by agency? Yes   No   Yes   If no:   LA Philharmonic    Was ticket distribution made at the behest   No   Yes   If yes:   Supervisor Gloria Molina    Official?   Mame of Source   Supervisor Gloria Molina    Official?   Mame of Source   Supervisor Gloria Molina    Official?   Mame of Source    Name of Agency, Department or Unit   Number of Ticket(s)/Pass(es)    Pass(es)   Describe the public purpose made pursuant to the agency's policy    Pass(es)   Ceremonial Role   Other   Income    If checking "Ceremonial Role   Income    If checking "Ceremonial Role   Other   Income    If checking "Ceremonial Role   Income    If che	First District				
Area Gode/Phone Number   E-mail	ESTAPA PERMITTER AND			100	
Area Gode/Phone Number   E-mail	Avianna Uribe, Ticket Administrator				
Function or Event Information Does the agency have a ticket policy?  Yes No Date(s)  Face Value of Each Ticket/Pass \$  St68.00  S	The state of the s			Amendment (Must p	rovide explanation in Part 3.)
Function or Event Information  Does the agency have a ticket policy? Yes No Pace Value of Each Ticket/Pass \$  S168.00  Date(s)  Pace Value of Each Ticket/Pass \$  S168.00  Date(s)  Date(s)  Date(s)  Pace Value of Each Ticket/Pass \$  S168.00  Date(s)  Date(s)  Date(s)  If no:  A Philharmonic  If yes:  Supervisor Gloria Molina  Official's Name (Last, First)  Recipients  Use Section A to identify the agency's department or unit.  Number of Ticket(s)  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Ceremonial Role Other Information  Number of Ticket(s)  Pass(es)  Ceremonial Role Other Information  Number of Ticket(s)  Pass(es)  Ceremonial Role Other Information  Number of Ticket(s)  Pass(es)  Pass(	(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Month Day Year)
Event Description Concert at Disney Hall  Provide TitleExplanation  Ticket(s)/Pass(es) provided by agency? Yes \ No \ In no.	Function or Event Information				
Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No In no. In pass (es) provided by agency? Yes No In no. In pass (es) provided by agency? Yes No In no. In pass (es) provided by agency? Yes In no. In pass (es) provided by agency? Yes In no. In pass (es) provided by agency? Yes In no. In pass (es) If yes: Supervisor Gloria Molina  If yes: Supervisor Gloria Molina Official's Name (Last, First)  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 Interest (es) Pass(es)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual Analysis (Pass (es) Pass(es) Income Income Inchestics (es) Pass(es) Income Income Inchestics (es) Pass(es)  Ceremonial Role Other Income Income Inchestics (es) Pass(es)  Ceremonial Role Other Income Income Inchestics (es) Pass(es)  Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)  Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)  Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)  Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the publi	Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	168.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: A Philharmonic  Name of Source  Name of Source  No If yes: Supervisor Gloria Molina  Official's Name (Last, First)  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)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  3. Name of Individual (Last, First)  Number of Ticket(s)/ Pass(es)  Ceremonial Role Other Income if checking 'Ceremonial Role Other Income if checking	Event Description Concert at Disney Hall		Date(s) 11	,12 ,13	
Name of Outside Organization   Namber of (Include address and description)   Namber of (Include address and (Include address and (Include address and (Include address an	Provide Title/Exp	lanation		Iharmania	
A. Name of Individual    Substitute of Supervisor Gloria Molina   Supervisor Gloria Molina	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA PIII	And the second second	ITCA
of agency official?  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)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  3. Name of Individual (Last Page)  Identify one of the following:  Ceremonial Role Other Income If checking Teamonial 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  Pass(es)  Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Income If checking Teamonial Role Other Income Income If the checking Teamonial Role or Other describe below:  Name of Outside Organization (Include address and description)  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Ticket(s)/ Pass(es)  Ticket(s)/ Pass(es)  Ticket Administrator  11 22	Was ticket distribution made at the behest	No Vee	Supe		
Name of Agency, Department or unit  Number of Agency, Department or Unit  Number of Agency, Department or Unit  Number of Describe the public purpose made pursuant to the agency's policy  Pass(es)  Number of Ticket(s)' Pass(es)  Number of Ticket(s)' Pass(es)  Number of Ticket(s)' Pass(es)  Number of Ticket(s)' Pass(es)  Ceremonial Role Other Income Income Inchesing Ceremonial Role or Other describe below:  Number of Ticket(s)' Pass(es)  Number of Ticket(s)' Pa		NO HIES	in yes:		ast, First)
A. Name of Agency, Department or Unit    Number of Ticket(s)   Pass(ss)	Recipients				
Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual Ital Part 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)  Name of Outside Organization (Include address and description)  Number of Ticket(s) Pass(es)  Per Ticket Policy 5.3 (k)  Identify one of the following:  Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Name of Outside Organization (Include address and description)  Number of Ticket(s) Pass(es)  Per Ticket Policy 5.3 (k)  Identify one of the following:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other" describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Other describe below:  Income If checking "Ceremonial Role" or "Ot	Use Section A to identify the agency's department or	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
Avianna Uribe    Number of   Identify one of the following:	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
Ticket(s) Pass(es)  Ceremonial Role It checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role It 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  Pass(es)  Pass (es)  Ticket Administrator  Ticket Administrator  Ticket Administrator	Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:    Name of Outside Organization (include address and description)   Describe the public purpose made pursuant to the agency's policy   Pass(es)     Pass(es)   Pass(es)   Describe the public purpose made pursuant to the agency's policy   Pass(es)   Pass(				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:    Name of Outside Organization (include address and description)   Describe the public purpose made pursuant to the agency's policy   Pass(es)	(Luad, Filod)	Pass(es)			
Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Pass(es)  Perification  have read and understand FIFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Ticket Administrator			CONTRACTOR AND CONTRA	The second second	Income
Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Pass(es)  Perification  have read and understand FIFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Ticket Administrator					
(include address and description)  Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Perification  Prove read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Ticket Administrator			See September 1	and the state of t	Income
(include address and description)  Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Perification  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Ticket(s)/ Tick					
Verification have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Ticket Administrator  11/22	Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy
Verification Neave read and understand FGPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe Ticket Administrator  11/22					
Avianna Uribe  Avianna Uribe  Ticket Administrator  11/2s					
Avianna Uribe  Avianna Uribe  Ticket Administrator  11/2s					
have read and understand FIFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Ticket Administrator  11 / 25	Verification 1	4			
Avianna Uribe Ticket Administrator 11/22		18942. I have ve	nified that the distribution set for	th above, is in accordance with	the requirements.
Signature of Agency Head or Designee Print Name Title (Month Day Year)			The second secon		11/20
(menta bo), roal)	Signature of Agency Hose or Designee	Print Nam	e	Title	(Month Day, Year)
	omment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Los Angeles County Board of Supervisors Form 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 \$99.00 Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Concert at Disney Hall 16 Provide Title/Explanation LA Philharmonic Ticket(s)/Pass(es) provided by agency? If no: Yes No X Supervisor Gloria Molina Was ticket distribution made at the behest No Yes X If yes of agency official? 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. 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 Ticket(s)/ B. Name of Individual Identify one of the following: Pass(es) Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below. Garcia, Jorge 2 Per Ticket Policy 5.3 (h) Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification

and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requ

Avianna Uribe

Print Name

I have read and underst

Comment

Signature of Agency Head or Designee

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

(Month, Day, Year)

**Ticket Administrator** 

A manager Name				The Same works and the same of
Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable)	1			Form For Official Use Only
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@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			΄ Γ	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	\$99.00
Event Description Concert at Disney Hall		Date(s) 11	,17 ,13	
Provide Title/Expla	nation		ilharmonic	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of Sc	ource
Was ticket distribution made at the behest	No□ Yes	x If yes: Supe	ervisor Gloria Molina	
of agency official?		yos	Official's Name	Last, First)
Recipients				
Use Section A to identify the agency's department or use.	Number of	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.	3 (k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
trant trait	Pass(es)		ENGRAL DESIGNATION	Maria III va II.
		Ceremonial Role If checking "Ceremoni	Other Role" or "Other" describe below:	Income
		Ceremonial Role	Other 🔲	
			ial Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
•				
/erification)				
have read and understand FPPC Regulations 18944.1 and		dified that the distribution set fo	orth above, is in accordance wil	h the requirements.
Signable of Agency Head or Designee	na Uribe	Ticke	et Administrator	11/20/1
	Print Name		Title	(Month, Day, Year)

				A Public Documer
Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				A STATE OF THE STATE OF
Division, Department, or Region (If Applicable	(e)			For Official Use Only
First District	J 14.1		10000	
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@lac	bos.org		Date of Original Filing:	Month Day Yeard
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value of	f Each Ticket/Pass \$	\$99.00
Event Description Concert at Disney Hall		11	,18 13	
Provide Title/Exp.	lanation	Date(s)		
Ficket(s)/Pass(es) provided by agency?	Yes No	x If no: LA Phil	lharmonic	
			Name of Sc	urce
Vas ticket distribution made at the behest of agency official?	No Yes	If yes: Super	rvisor Gloria Molina	
			Official's Name (	Last, First)
Recipients	unit the fee			
Use Section A to identify the agency's department or	Number of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE OF THE STATE	THE THE PERSON NAMED IN COLUMN
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	s (k)	
Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Ceremonial Role	Other 🗖	Income [
		If checking "Ceremonia	l Role" or "Other" describe below:	
		Ceremonial Role	Т он П	
			☐ Other ☐☐ I Role" or "Other" describe below:	Income [
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	c purpose made pursuant	to the agency's policy
	Pass(es)			
erification	40040			
ave read and understand GPPC Regulations 18944.1 and				the requirements.
	na Uribe	Ticket	Administrator	11/22/
Signature of Agency Head or Contract	Print Name		Title	and a second
Signature of Agency Head or Designee	Tim Haine		7106	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Los Angeles County Board of Supervisors Form 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 (213) 974-4111 Molina@lacbos.org Date of Original Filing: (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 18 13 Date(s) Provide Title/Explanation LA Philharmonic Ticket(s)/Pass(es) provided by agency? Yes No X If no: Was ticket distribution made at the behest Supervisor Gloria Molina No Yes X If yes: of agency official? 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. Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Pass(es) **Board of Supervisors Employee** 2 Per Ticket Policy 5.3 (k) Number of Ticket(s)/ B. Name of Individual Identify one of the following: Pass(es) Ceremonial Role Other 🔲 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Other \_ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below

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cation		N. Valence del	
		ne distribution set forth above, is in accordance with the re	quirements.
	s 18944.1 and 18942. I have verified that the Avianna Uribe	Ticket Administrator	quirements.

Number of Ticket(s)/

Pass(es)

C.

Name of Outside Organization

(include address and description)

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Describe the public purpose made pursuant to the agency's policy

Aganov Nama					A Public Docume
Agency Name	-66			Date Stamp	California 802
Los Angeles County Board Division, Department, or Res					For Official Use Only
	<b>уюн</b> (п Арріісаві	θ)			
First District			<u> </u>		
Designated Agency Contact	(Name, Title)				
Avianna Uribe, Ticket Admi	nistrator			Amendment (Must a	rovide explanation in Part 3.)
Area Code/Phone Number (213) 974-4111	Molina@lac			Date of Original Filing:	Ovide explanation in Part 3.)
	JI.	oos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Infor					168.00
Does the agency have a ticke	and the second second second	Yes No	Face Value of	of Each Ticket/Pass \$	
Event Description Concert a	t Disney Hall  Provide Title/Exp.	Ianation	Date(s)	,19 ,13	
Ticket(a)/Dass(sa) provided h		and the second	LA Ph	ilharmonic	
Ticket(s)/Pass(es) provided b	by agency?	Yes No	× If no:	Name of So	ırce
Was ticket distribution made	at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agence	THE RESERVE	Number of	and convergence and visitable	World To the State of the State of Stat	1 142 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		1			
Name of Individu	al	Number of Ticket(s)/		Identify one of the following	ng:
		Pass(es)	Ceremonial Role	Other 🗵	
Castra Camala				ial Role" or "Other" describe below:	Income L
Castro, Connie		2	Per Ticket Policy 5.3	(h)	
			Ceremonial Role	Other I	Income
				THE O' SHE SECTION.	
Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
(include address and des	cription)	Pass(es)			o the agency a policy
			Lu-		
Verification	lelione 19044 4 cod	19042   1	dead that the deal of		,
have read and understand FRPC Regu	17 47	<i>18942. I have ve</i> na Uribe			the requirements.
Signature of Agency Head or Designee		Print Name		t Administrator	11/22/
Thysins, riedu or Designee		rnnt Nam		Title	(Month, Day, Year)

Agency Name				Date Stamp	California 802
Los Angeles County Board	d of Supervisors				1 Oilli
Division, Department, or R	egion (If Applicable	9)			For Official Use Only
First District					
Designated Agency Contac	ct (Name, Title)				
Avianna Uribe, Ticket Adn	ninistrator			<u> </u>	
Area Code/Phone Number				Amendment (Must	provide explanation in Part 3.)
(213) 974-4111	Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Info	ormation			1	
Does the agency have a tic	ket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	\$99.00
Event Description Concert	at Disney Hall		Date(s) 11	,19 ,13	
Event Bescription 2	Provide Title/Expl	anation			
Ficket(s)/Pass(es) provided	by agency?	Yes No	✓ If no: LA Ph	ilharmonic	
Mas ticket distribution 1	a of the balant		Supo	Name of So ervisor Gloria Molina	purce
Vas ticket distribution made of agency official?	e at the behest	No Yes	If yes:	Official's Name	Last. First)
Recipients					
Use Section A to identify the age	ncy's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Depart		Number of	Strain Strain Committee of the party of the	lic purpose made pursuan	284 The Suite at the Co.
		Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuan	to the agency's policy
	4'				
Name of Individ	iual	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role	Other 🗵	Income
Dies Calundas			A STATE OF THE PARTY OF THE PAR	ial Role" or "Other" describe below:	income L
Diaz, Salvador		2	Per Ticket Policy 5.3	(h)	
			Ter ficket Folicy 5.5		
			Ceremonial Role	Other Other Other describe below:	Income
			il checking Celemoni	al Role of Other describe below:	
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	Number of Ticket(s)/	Describe the mobil	mendekenye, restri	
Name of Outside Org	anization	I LICKETISM I	Describe the publ	lic purpose made pursuant	to the agency's policy
Name of Outside Org (include address and d		Pass(es)		A SECTION OF A SECTION OF THE SECTIO	
		Pass(es)			
	escription)	Pass(es)			
	escription)	Pass(es)			
	escription)	Pass(es)			
(include address and d	escription)	Pass(es)	dfied that the distribution set fo	orth above, is in accordance wi	in the requirements.
(include address and d	escription)	Pass(es)		orth above, is in accordance wi	th the requirements.
(include address and d	gulations 18944.1 and	Pass(es)	Ticke		th the requirements.    11/22/

Agency Name			Date Stamp	California 802
os Angeles County Board of Supervisors				FOIII
ivision, Department, or Region (If Applicable	)			For Official Use Only
irst District		7		
esignated Agency Contact (Name, Title)				
vianna Uribe, Ticket Administrator			1	
rea Code/Phone Number E-mail				provide explanation in Part 3.)
213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
unction or Event Information	_	_		\$99.00
oes the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$ L	
vent Description Concert at Disney Hall  Provide Title/Expl.	anation	Date(s)	, 21 , 13	
		LA Ph	nilharmonic	
icket(s)/Pass(es) provided by agency?	Yes No		Name of So	ource
as 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 a	unit . Has Ca	ation P to Identify In division		
	Number of	Figure (Figure ) - Cover M	CALL DE L'OUTENANT PRESENTATION	TO THE THE PARTY OF THE PARTY O
Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	Number of		11.80(01 17.93-85) -021 14.	To the second second
Name of Individual (Lust, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other X	Income
Pantages, George	2	If checking "Ceremon	nial Role" or "Other" describe below:	
		Per Ticket Policy 5.3	3 (h)	
		Ceremonial Role	Other 🔲	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	
Name of Outside Organization	Number of	S. Artico Astronom	Transfer and the	Carrier To Table
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy

Agency Name			Date Stamp	California 802
Los Angeles County Board of Superviso	rs			Form OU
Division, Department, or Region (If Applica	able)			For Official Use Only
First District				All III
Designated Agency Contact (Name, Title)				Mile
Avianna Uribe, Ticket Administrator			1	A CONTRACTOR OF THE PARTY OF TH
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111   Molina@la	acbos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			Г	\$168.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	7100.00
Event Description Concert at Disney Hal		Date(s) 11	, 22 , 13	
Provide Imere	xplanation	I A Ph	ilharmonic	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of So	urce
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?	110 🗖 100	il yes.	Official's Name (I	Last, First)
Recipients				
Use Section A to identify the agency's department		ction B to identify an individe	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
B. Name of Individual	Number of Ticket(s)/	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Identify one of the followi	ng:
	Pass(es)			
		Ceremonial Role  If checking "Ceremoni	A Other A Secribe below:	Income
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
		il direcking Celemon	at Note of Other describe below.	
Name of Outside Organization	Number of . Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agencyle policy
(include address and description)	Pass(es)		ro parpose made parsuant	to the agency's policy
	armill			
	23			
Verification have read and understand FPPC Regulations 18944.1 a			rth above, is in accordance with	n the requirements.

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Provide Title/Explanation  Ket(s)/Pass(es) provided by agency? Yes No If no:  sticket distribution made at the behest agency official?  If yes:  cipients  se Section A to identify the agency's department or unit. • Use Section B to identify and Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  And of Supervisors Employee  Name of Individual (Lest, First)  Name of Individual (Lest, First)  Ceremonia (Lest, First)  Ceremonia (Ceremonia II checking)	A Philharmonic  Name of Source  Supervisor Gloria Molina  Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization. the public purpose made pursuant to the agency's policy
Ast District  Signated Agency Contact (Name, Title)  Islama Uribe, Ticket Administrator  Ba Code/Phone Number   E-mail    3) 974-4111   Molina@lacbos.org  Inction or Event Information  Best the agency have a ticket policy?   Yes   No   Pace    Bent Description   Provide Title/Explanation    Ret(s)/Pass(es) provided by agency?   Yes   No   If no:    Sticket distribution made at the behest   No   Yes   If yes:    Best Section A to identify the agency's department or unit.   Use Section B to identify and Name of Agency, Department or Unit   Number of    Name of Agency, Department or Unit   Number of    Ticket(s)/ Pass(es)    Name of Individual   Number of    Ticket(s)/ Pass(es)    Retrieved Ticket(s)/ Pass(es)    Ceremoni   Ichecking    Ceremo	Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)  Palue of Each Ticket/Pass \$  11
ianna Uribe, Ticket Administrator  a Code/Phone Number   E-mail   3) 974-4111   Molina@lacbos.org  Inction or Event Information  es the agency have a ticket policy?   Yes   No   Pace    ent Description   Concert at Disney Hall   Provide Title/Explanation    ket(s)/Pass(es) provided by agency?   Yes   No   If no:  s ticket distribution made at the behest   No   Yes   If yes:  agency official?   Number of    Ticket(s)/ Pass(es)    Name of Agency, Department or Unit   Number of    Ticket(s)/ Pass(es)    Name of Individual   Number of    Ticket(s)/ Pass(es)    Name of Individual   Number of    Ticket(s)/ Pass(es)    Ceremonia   Ichecking    C	Date of Original Filing: (Month, Day, Year)  Palue of Each Ticket/Pass \$  11
ianna Uribe, Ticket Administrator  a Code/Phone Number   E-mail 3) 974-4111   Molina@lacbos.org  Inction or Event Information es the agency have a ticket policy?   Yes   No   Face   ent Description   Provide Title/Explanation   Exet(s)/Pass(es) provided by agency?   Yes   No   If no:   s ticket distribution made at the behest   No   Yes   If yes:   agency official?   Provide Title/Explanation   If no:   No   Yes   If yes:   If yes:   No   O   Yes   If yes:   If yes:   No   O   Yes   If yes:   If yes:   No   O   O   If no:   O   O   O   If no:	Date of Original Filing:  (Month, Day, Year)  (alue of Each Ticket/Pass \$  11
ianna Uribe, Ticket Administrator  a Code/Phone Number   E-mail   3) 974-4111   Molina@lacbos.org  Inction or Event Information  es the agency have a ticket policy?   Yes No   Face No   Ent Description   Concert at Disney Hall   Provide Title/Explanation   Ket(s)/Pass(es) provided by agency?   Yes   No   If no: If no: If yes: If yes	Date of Original Filing:  (Month, Day, Year)  (alue of Each Ticket/Pass \$  11
And Code/Phone Number   E-mail	Date of Original Filing:  (Month, Day, Year)  (alue of Each Ticket/Pass \$  11
And Code/Phone Number   E-mail	Date of Original Filing:  (Month, Day, Year)  (alue of Each Ticket/Pass \$  11
es the agency have a ticket policy?  The provide Title/Explanation  Set (s)/Pass(es) provided by agency?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency official?  So ticket distribution made at the behest agency of the behest agency official?  So ticket distribution made at the behest agency of the behast agency of the behast agency official?  So ticket distribution made at the behest agency of the behast	(Month, Day, Year)  Salue of Each Ticket/Pass \$  11
ent Description Concert at Disney Hall  Provide Title/Explanation  Ket(s)/Pass(es) provided by agency? Yes No If no:  If no:  s ticket distribution made at the behest agency official?  If yes:  Cipients  Se Section A to identify the agency's department or unit.  Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  Ard of Supervisors Employee  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Ceremonia (Last, First)  Ceremonia (Ceremonia II checking)  Ceremonia (Ceremonia II checking)	Value of Each Ticket/Pass \$  11
ent Description  Concert at Disney Hall  Provide Title/Explanation  Ret(s)/Pass(es) provided by agency? Yes No If no:  If no:  sticket distribution made at the behest agency official?  If yes:  cipients  se Section A to identify the agency's department or unit. • Use Section B to identify and Number of Ticket(s)/ Pass(es)  ard of Supervisors Employee  Name of Individual (Last, First)  Number of Ticket(s)/ Pass(es)  Ceremonia if checking	A Philharmonic  Name of Source  Supervisor Gloria Molina  Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization.  the public purpose made pursuant to the agency's policy  Cy 5.3 (k)
ent Description  Concert at Disney Hall  Provide Title/Explanation  Ret(s)/Pass(es) provided by agency? Yes No If no:  If no:  sticket distribution made at the behest agency official?  If yes:  cipients  se Section A to identify the agency's department or unit. • Use Section B to identify and Number of Ticket(s)/ Pass(es)  ard of Supervisors Employee  Name of Individual (Last, First)  Number of Ticket(s)/ Pass(es)  Ceremonia if checking	A Philharmonic  Name of Source  Supervisor Gloria Molina  Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization. the public purpose made pursuant to the agency's policy  cy 5.3 (k)
Provide Title/Explanation  Ket(s)/Pass(es) provided by agency? Yes No If no:  If no:  s ticket distribution made at the behest agency official?  If yes:  cipients  se Section A to identify the agency's department or unit. • Use Section B to identify and Number of Ticket(s)/ Pass(es)  ard of Supervisors Employee  Name of Individual (Lest, First)  Number of Ticket(s)/ Pass(es)  Ceremonia I checking	A Philharmonic  Name of Source  Supervisor Gloria Molina  Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization.  the public purpose made pursuant to the agency's policy  Cy 5.3 (k)
If yes: agency official?  If yes: agency of yes: agency of agency	Name of Source  Supervisor Gloria Molina  Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization.  the public purpose made pursuant to the agency's policy  Cy 5.3 (k)
If yes: agency official?  If yes: agency of yes: agency of agency	Supervisor Gloria Molina  Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization. the public purpose made pursuant to the agency's policy  CCY 5.3 (k)
Agency official?  Cipients  See Section A to identify the agency's department or unit.  Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  Ard of Supervisors Employee  Name of Individual (Last, First)  Number of Ticket(s)/ Pass(es)  Ceremonial It checking	Official's Name (Last, First)  Individual. • Use Section C to identify an outside organization.  the public purpose made pursuant to the agency's policy  Cy 5.3 (k)
agency official?  **Cipients**  **See Section A to identify the agency's department or unit. **Use Section B to identify are Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  ard of Supervisors Employee    Number of Individual (Lest, First)   Number of Ticket(s)/ Pass(es)	individual. • Use Section C to identify an outside organization. the public purpose made pursuant to the agency's policy  Cy 5.3 (k)
Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  Ard of Supervisors Employee  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Ceremonia (Lass), First)  Ceremonia (Ceremonia (Ceremon	cy 5.3 (k)
Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  ard of Supervisors Employee  2  Per Ticket Po  Name of Individual (Last, First)  Number of Ticket(s)/ Pass(es)  Ceremonia if checking	cy 5.3 (k)
Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  Describe  Ticket(s)/ Pass(es)  Per Ticket Po  Number of Ticket(s)/ Pass(es)  Ceremonia // checking	icy 5.3 (k)
Name of Individual (Lest, First)  Number of Ticket(s)/ Pass(es)  Ceremonial checking  Ceremonial Ce	
Ticket(s)/ Pass(es)  Ceremonia of individual Ticket(s)/ Pass(es)  Ceremonia of checking	Identify one of the following:
Ceremonii If checking  Ceremonii	
	Role Other Income
	Role Other Income
Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe	ne public purpose made pursuant to the agency's policy
read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribut	
Avianna Uribe	
Signature of Agency Head or Designee Print Name	Ticket Administrator /// Jay / Year (Month, Day, Year

Agency Name				Date Stamp	A Public Docum
Los Angeles County Board	of Superviso	rs		Date Stamp	California 80
Division, Department, or Re				4	For Official Use Only
First District					
Designated Agency Contact	(Name, Title)				
Avianna Uribe, Ticket Adm	nistrator				
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(213) 974-4111	Molina@la	cbos.org		Date of Original Filing:	
Function or Event Info	mation			1	(Month, Day, Year)
Does the agency have a tick	et policy?	Yes No	Face Value	of Each Ticket/Pass \$	99.00
Event Description Concert a	t Disney Hall		11	, 25 13	
- Constitution	Provide Title/Ex	planation	Date(s)		
Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: LA Ph	ilharmonic	
Vas ticket distribution made a	at the balance		-	Name of Sour	се
of agency official?	at the benest	No Yes	If yes: Supe	ervisor Gloria Molina	- A 72 - 6
Recipients				Official's Name (La	st, First)
Use Section A to identify the agenc	y's department o	r unit. • Use Se	ction B to identify an Individu	ial alleg Soction C to Identification	
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	THE RESERVE OF THE PARTY AND T	lic purpose made pursuant to	
Board of Supervisors Emplo	yee	2	Per Ticket Policy 5.3	3 (k)	
Name of Individua		Number of		*****	
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ı.
			Ceremonial Role If checking "Ceremonial	Other Other Other describe below:	Income
			Ceremonial Role If checking "Ceremonia	Other Other Other describe below:	Income
Name of Outside Organi (include address and desc	ration ription)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	0				
erification///					
we read and understand IPPC Regula	ions 18944.1 and	18942. I have ven			e requirements.
Signature of Agency Head or Designee	Aviani	na Uribe	Ticket	Administrator	11/22/
Survey riedd or Designee		Print Name		Title	(Month, Day, Year)
omment:					

Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable)  First District Designated Agency Contact (Name, Tible)  Avianna Uribe, Ticket Administrator  Area Code/Phone Number  Funali  Molina@lacbos.org  Function or Event Information Does the agency have a ticket policy? Yes No Describe the gency and to dentify an outside organization.  Ticket(s)/Pass(es) provided by agency? Yes No Describe the public purpose made pursuant to the agency and the agency department or unit.  *Use Section B to identify an individual.  *Use Section C to identify an outside organization.  *Inchestery Teachers  *Income Teachers  *Inchestery Teachers  *Income	Agency Name			Date Stamp	A Public Documer
Division, Department, or Region (If Applicable)   For Official Use City		ors		Date Stamp	
Designated Agency Contact (Name, Title)  Avianna Uribe, Ticket Administrator  Area Codd/Phone Number				4	
Designated Agency Contact (Name, Title)  Avianna Uribe, Ticket Administrator  Area Codd/Phone Number	First District				
Annendment   Ann					
Annendment   Ann	Avianna Uribe, Ticket Administrator				
Function or Event Information  Does the agency have a ticket policy?  Event Description  Concert at Disney Hall  Provide TitleExplanation  Ticket(s)/Pass(es) provided by agency?  Yes Date(s)  If no LA Philharmonic  LA Philharmonic  Supervisor Gloria Molina  Supervisor Gloria Molina  Official's Name of Agency, Department or unit.  Use Section B to identify an individual.  A. Name of Agency, Department or Unit  Pass(es)  B. Name of Individual  Asstrano  Ticket(s)/Pass(es)  Pass(es)  Per Ticket Policy 5.3 (k)  Ceremonial Role  Income Fichaciting Chemicinal Role  Ceremonial Role  Ceremonial Role  Other Individual  Ceremonial Role  Income Individual  Ceremonial Role  Other Income Income  Income Individual Other  Income Income  Income Income Include address and description)  Pass(es)  Per Ticket Administrator  Number of Ticket Administrator  Income I				Amendment (Must p	provide explanation in Part 3.)
Function or Event Information  Does the agency have a ticket policy? Yes No Pace Value of Each Ticket/Pass \$  State (s)   11   25   13          Provide Tince (s)   12   13        Provide Tince (s)   13        Provide Tince (s)   14   25   13      Provide Tince (s)   15   13      Provide Tince (s)   16   10   12   13      Provide Tince (s)   16   10   13   13      Provide Tince (s)   16   10   10   10   10    Provide Tince (s)   10   10   10   10   10    Provide Tince (s)   10   10    P	(213) 974-4111 Molina@la	acbos.org		Date of Original Filing:	
Event Description Concert at Disney Hall Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: LA Philharmonic  Was ticket distribution made at the behest of agency official?  Recipients	Function or Event Information			·	
Event Description Concert at Disney Hall  Provided TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Inc. LA Philharmonic  Was ticket distribution made at the behest of agency official?  Was ticket distribution made at the behest of agency official?  Recipients  * Use Section B to identify an individual. * Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit  Ticket(s)/Pass(es)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual  (sat, Ang)  Number of Ticket(st)/Pass(es)  Pass(es)  Ceremonial Role Other Income Income  Income  Ceremonial Role Other Income Income  Ceremonial Role Other Octation Delow:  Ceremonial Role Other Income  Ceremonial Role Other Income  Ceremonial Role Other Income  Ceremonial Role Other Octation Delow:  Ceremonial Role Other Octation Other Octation Delow:  Ceremonial Role Other Other Octation Other Octation Delow:  Ceremonial Role Other Oct	Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	\$168.00
Ticket(s)/Pass(es) provided by agency? Yes No In no:    No In no:   Name of Source	Event Description Concert at Disney Hal		1.1		
Was ticket distribution made at the behest of agency official?  No Yes Supervisor Gloria Molina official?  Recipients  Use Section B to identify an individual.  A. Name of Agency, Department or unit.  Use Section B to identify an individual.  A. Name of Agency, Department or Unit office (self) Pass(es)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual (self, Pen)    Ceremonial Role   Other   Income   Income	Provide Title/E	xplanation			
Was ticket distribution made at the behest of agency official?  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 Ticket(s)/ Pass(es)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual (ast Fen)  - Number of Ticket(s)/ Pass(es)  - Ceremonial Role   Other   Income   Incom	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Ph		
A. Name of Agency, Department or unit.  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual  Ceremonial Role  Ce	Was ticket distribution made at the hehes	t No□ v	Supe		urce
Name of Agency, Department or unit.     Name of Agency, Department or Unit     Name of Supervisors Employee     Per Ticket Policy 5.3 (k)  Board of Supervisors Employee     Per Ticket Policy 5.3 (k)  B. Name of Individual (Last Feet)     Pass(es)     Ceremonial Role  Other  Income Inco	of agency official?	NO Tes	If yes:		ast, First)
A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Per Ticket Policy 5.3 (k)  B. Name of Individual (sat, Fazy)  Pass(es)  Ceremonial Role Other Income Income Inchesing Ceremonial Role Other Income Income Inchesion Ceremonial Role Other Income Income Inchesion Ceremonial Role Other Income Income Inchesion Ceremonial Role Other Income Income Income Inchesion Ceremonial Role Other Income Income Income Income Income Income Income Income Inchesion Ceremonial Role Other Income Inc	Recipients				
Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual (set Fan) Income Income Income Income Inchesing Ceremonial Role Other Income Income Income Inchesing Ceremonial Role Other Income Income Inchesion Ceremonial Role Other Oth	Use Section A to identify the agency's department	or unit. • Use Se	ction B to identify an Individu	ual. • Use Section C to ident	tify an outside organization.
B. Name of Individual (Lest, First)    Number of Ticket(s)/ Pass(es)   Identify one of the following:	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Ceremonial Role   Other   Income   In	Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
Ceremonial Role   Other   Income	B. Name of Individual			78 K	
Ceremonial Role Other Income I				Identify one of the following	ng:
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  Pass(es)  Verification have read and inverstand FPPC Regulations 18944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Ticket Administrator  11 32/17			ALOSSO ASSESSA FARMANTA		Income
(include address and description)  Pass(es)  Perification  have read and innerstand 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  11/32/17					Income [
(include address and description)  Pass(es)  Pass(es)  Verification  have read and inverstand 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  11/32/17					
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Avianna Uribe  Avianna Uribe  Ticket Administrator  11/32// 3					
Signature of Agency Head or Designee Print Name			rified that the distribution set for	th above, is in accordance with	the requirements.
Signature or Agency read or Designee Print Name Title (Month, Day, Year)				t Administrator	11/22/13
	Signature of Agency riesa of Designee	Print Name		Title	(Month, Day, Year)

Agency Name			Date Stamp	A Public Docume
Los Angeles County Board of Supervisors			Date Stamp	California 80
Division, Department, or Region (If Applica	ble)		4	For Official Use Only
First District				
Designated Agency Contact (Name, Title)			×	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lacbos.org			Date of Original Filing:	(Month, Day, Year)
Function or Event Information			Г	\$168.00
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	\$ 168.00
Event Description Concert at Disney Hall		Date(s) 11	, 30 , 13	
Provide Title/E		_ I A Ph	ilharmonic	
Ficket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of So	urce
Vas ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?			Official's Name (I	Last, First)
Recipients				A
Use Section A to identify the agency's department of A.  Name of Agency, Department or Unit	Number of	A SUMMERCEN BUILDING		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Employee				E PERMANENT STREET, ST
sourd or supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
	Number of			
Name of Individual (Last, First)	Ticket(s)/ Pass(es)	HALLES TEST	Identify one of the followi	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	indente
Name of Outside Organization	Number of		THE BOWLER SHEET	9 - 125 127 1 1 1 1
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
erification	J 40040 11			
ave read and understand FPPC Regulations 18944.1 an	<i>a 18942. I have ver</i> nna Uribe			the requirements.
Signature of Agency Head or Designee	Print Name		t Administrator	11/00/1
			ine	(Month, Day, Year)
omment:				