Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors - First District
Division, Department, or Region (If Applicable)
Avianna Uribe - Ticket Administrator
Designated Agency Contact (Name, Title)
Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacbos.org

Data 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 X No □
Face Value of Each Ticket/Pass $55.00
Event Description: Dodger Game
Provide Title/Explanations
Date(s)
05 28 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.

<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>Employee of the First District</td>
<td>2</td>
<td>Per Our Ticket Policy S.3 (k)</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>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:

<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>
</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 Print Name Title (Month, Day, Year)
Avianna Uribe Ticket Administrator 09/14/17

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors - First District

Division, Department, or Region (If Applicable)
Avianna Uribe - Ticket Administrator

Designated Agency Contact (Name, Title)

Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑

Face Value of Each Ticket/Pass $55.00

Event Description
Dodger Game

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

Event(s) Date(s)
05 29 12

3. Recipients

A. Name of Agency, Department or Unit
Employee of the First District

Number of Ticket(s)/Pass(es) 2

Describe the public purpose made pursuant to the agency's policy
Per Our Ticket Policy 5.3 (k)

B. Name of Individual

Name of Outside Organization

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)

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

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19342. 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

Date (Month, Day, Year)
6/14/16

Comment:
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
Los Angeles County Board of Supervisors - First District  
Division, Department, or Region (If Applicable)  
Avianna Uribe - Ticket Administrator  
Designated Agency Contact (Name, Title)  
Area Code/Phone Number E-mail  
(213) 974-4111 Molina@lacbos.org  

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $  
555.00  
Event Description  
Dodger Game  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If yes:  
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.  
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4. Verification  
I have read and understand FPPC Regulations 19544.1 and 19542. 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):  

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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1. Agency Name
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Avianna Uribe - Ticket Administrator

Designated Agency Contact (Name, Title)

Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacobos.org

Date Stamp

Amendment (Must provide explanation in Part 3)

Date of Original Filing:

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐

Face Value of Each Ticket/Pass $55.00

Date(s)

Event Description: Dodger Game

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

If no: Los Angeles Dodgers

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

Employee of the First District | 2 | Per Our 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 19444.1 and 19442. 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

Date (Month, Day, Year)

Comment: