Agency Report of:

Ceremonial Role Events and Tick	cet/Pass	Distributions		A Public Documen		
1. Agency Name			Date Stamp	California 802		
Los Angeles County Board of Supervisors -	First Distric	t				
Division, Department, or Region (If Applicable)				For Official Use Only		
Avianna Uribe, Ticket Administrator						
Designated Agency Contact (Name, Title)						
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)		
(213) 974-4111 Molina@lacbo	os.org ·		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			<u> </u>	68.00		
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	08.00		
Event Description LA Philharmonic Perform Provide Title/Expla.	The state of the same of the same	Date(s) 06	,01 ,12			
Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no: LA Phi	lharmonic Name of So	ource		
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor 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.						
	Number of	y Singapan yang di Kemadagan Me	Are a contract to the fact that	The second of the second of the		
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the pub	lic purpose made pursuant	to the agency's policy		
Department of Children & Family Services	2	Per our ticket policy	Per our ticket policy 5.3 h & j / For Foster Youth			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income _		
		Ceremonial Role	Other I	Income		
C. Name of Outside Organization (include address and description)				to the agency's policy		
. Verification I have real end understand FPPC Regulations 18944.1 and	48042 (have v					
Navianna Signature of Agency Head or Designee		Ticke	orth above, is in accordance with Administrator Title	(Nonth, Day, Year)		
Comment:			1105	(ajonur, Day, rear)		

Ceremonial Rol	e Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 202
Los Angeles Count	y Board of Supervisors	- First Distric	it .		Form 002
Division, Departme	nt, or Region (If Applicable)			For Official Use Only
Avianna Uribe, Tick	ket Administrator			1	
	Contact (Name, Title)				
				1	
Area Code/Phone N	lumber E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111	Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Eve	ent Information			i.	
Does the agency ha	ave a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	5240.00
Event Description	Swan Lake - Opera		06	,08 12	
Event Description	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) p	provided by agency?	Yes No	▼ If no: The M	usic Center	
		Property and the second	_	Name of Sc	ource
Was ticket distribution of agency official?	on made at the behest	No 📮 Yes	If yes: Supe	rvisor Gloria Molina Official's Name ((I set Firef)
				Official's Name (Last, Filsty
. Recipients	£.460 00000000000000000000000000000000000		atta a Maa talaatte ta attata		
	fy the agency's department or	Number of	properties of the combine		
A. Name of Agenc	A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)			lic purpose made pursuant	t to the agency's policy
Board of Superviso	rs Employee	2	Per Ticket Policy 5.3	k	
	of Individual	Number of Ticket(s)/		Identify one of the follow	ina:
	(Last, First)	Pass(es)	1		
All			Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			in checking determine	or role of other account palow.	
		1			
			Ceremonial Role	Other U ial Role" or "Other" describe below:	Income
		1	in checking Ceremon	ar Kole of Other describe below.	
	tside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's noticy
(include addre	ess and description)	Pass(es)	, Jeschise alle par	no purpose made pursuant	to the agency a policy
			lr		
. Verification					
I have read and understand	FPPC Regulations 18944.1 and			10 W N N N N N N N N N N N N N N N N N N	th the requirements.
4	<u> </u>	na Uribe		t Administrator	
Silenature of Agency He	ad or Designee	Print Nan	ne	Title	(Mbnth, Day Year)
Comment:					*
Johnnoise.				FPPC Toll-Free Helnline: 5	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)
			,		

C. Name of Outside Organization (Include address and description) Number of (Include address and description) Describe the public purpose made pursuant to the agency's policy Pass(es) Number of (Include address and description) Describe the public purpose made pursuant to the agency's policy I have read and unterstand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe Signature of Agency Testa to Designee Print Name Title (Nonth, dp., Year, Comment:	Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen	
Los Angeles County Board of Supervisors - First District	1. Agency Name			Date Stamp	California 802	
Avianna Uribe, Ticket Administrator Dosignated Agency Contact (Name, Tile) Area Code/Phone Number E-mail	Los Angeles County Board of Supervisors -	First Distric	ct		POIIII	
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail [213] 974-4111	Division, Department, or Region (If Applicable))			For Official Use Only	
Area Code/Phone Number	Avianna Uribe, Ticket Administrator			1		
Area Code/Phone Number E-mail Molina@lacbos.org Date of Original Filing: (Month, Day, Year)	Designated Agency Contact (Name, Title)]		
Area Code/Phone Number E-mail Molina@lacbos.org Date of Original Filing: (Month, Day, Year)						
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? 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. 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 * Recipients * Use Section B to identify an individual. * Use Section B to identify an individual. * Use Section B to identify an individual. * Use Section C to identify an outside organization. * Number of Ticket(s)/ Pass(es) * Per Ticket Policy 5.3 k B. Name of Individual * Ceremonial Role Other 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: * Verification I have read and unfantance PPC Regulations 18944 I and 18942 I have varified that the distribution set form above, is in accordance with the requirements * Ticket Administrator	Area Code/Phone Number E-mail			1		
Does the agency have a ticket policy? Event Description Swan Lake - Opera Provide TitleExplanation Provide TitleExplanatio	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
Event Description Swan Lake A - Opera Provide TitledExplanation Date(s) Date(s					\$240.00	
Ticket(s)/Pass(es) provided by agency? Yes No In no Name of Sources Was ticked distribution made at the behest of agency official? No In yes If yes: Supervisor Gloria Molina Officials 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 Tacket(s) Pass(es) Board of Supervisors Employee 2 Per Ticket Policy 5.3 k B. Name of Individual Ticket(s) Pass(es) Ceremonial Role Other Income if checking "Generocial Role" or Other describe below. Ceremonial Role Other Income if Checking "Generocial Role" or Other describe below. Ceremonial Role Other Income if Checking "Generocial Role" or Other describe below. Ceremonial Role Other Income income include address and description) Number of Ticket(s) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s) Pass(es) Pass(es) Pass(es) Pass(es) Ticket Administrator Ticket Administrator Ticket Administrator Ticket Administrator	Does the agency have a ticket policy?	Yes No		of Each Ticket/Pass \$	QZ 10.00	
Was ticket distribution made at the behest of agency of official? No□ Yes Supervisor Gloria Molina Official's Name (Lest, First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Board of Supervisors Employee 2 Per Ticket Policy 5.3 k B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Ceremonial Role Other If deciding "Generative Resortite below: Ceremonial Role Other Income If deciding "Generative Resortite below: Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income If deciding "Generative Resortite below: Ceremonial Role Other Income	Event Description	anation	Date(s) 06	,09 ,12		
Of agency official? 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 Ticket(s). Pass(es) Board of Supervisors Employee 2 Per Ticket Policy 5.3 k B. Name of Individual Number of Ticket(s). Pass(es) Ceremonial Role Other Income If the bedsign "Cheening Role Other Income Incom	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: The M	And the second s	ource	
Official? Officials Name (Last, First) Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit. Number of Ticket(s)/ Pass(es) Board of Supervisors Employee 2 Per Ticket Policy 5.3 k B. Name of Individual (test, First) Recipients Ceremonial Role Other Income Income Inchesing Ceremonial Role or Other Income Income Income Inchesing Ceremonial Role or Other Income Income Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income Inc	Was ticket distribution made at the behest	No Yes	If ves. Supe			
Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	of agency official?	100	11 yes.	Official's Name	(Last, First)	
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 (Lest Pival) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the a		Recipients				
B. Name of Individual Number of Ticket(s) Pass(s) Identify one of the following: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: Income Income If checking "Caremonial Role" or "Other" describe below: Income Income If checking "Caremonial Role" or "Other" describe below: Income Inco		Number of Ticket(s)/	particular views of the five Ne		Ngos Ner di tepa kilo ili e	
B. Name of Income I	Board of Supervisors Employee	2	Per Ticket Policy 5.3	k		
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 Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy I have read and understand PPC 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 Read or Designee Print Name Title (Yonth, Qay, Year, Comment:	B. Name of Individual	Ticket(s)/		Other	ring:	
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe Ticket Administrator Title (Month, Day, Year,					Income	
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 Title (Nonth, Day, Year,	C. Name of Outside Organization (include address and description)	Ticket(s)/			t to the agency's policy	
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 Title (Nonth, Day, Year,						
Signature of Agency Head or Designee Print Name Title (Month, Day, Year,	I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	orth above, is in accordance w	th the requirements	
Comment:		h-/		t Administrator	17/14/12	
	Signature of Agency Read or D esignee	Print Nan	ne	Title	(Nonth, Clay, Year)	
FPPC Form 802 (4 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7	Comment:		· ·	EDDC Toll Excelled	FPPC Form 802 (4/12	

~	eremoniai Noie Even	to and the	Neur ass	Distributions		A Public Documen
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board o	f Supervisors -	First Distric	t		Form OUZ
	Division, Department, or Reg	ion (If Applicable	∌)	A - 18 ray or The specimental are a single	<u>.</u>	For Official Use Only
	Avianna Uribe, Ticket Admin	istrator			1	
	Designated Agency Contact	(Name, Title)				
1	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor				5	55.00
	Does the agency have a ticke		Yes⊠ No		of Each Ticket/Pass \$	
	Event Description Los Angelo	es Dodger Gar Provide Title/Expl	me anation	Date(s) 06	11 112	
	Ticket(s)/Pass(es) provided b	v agency?	Yes□ No	If no: Los An	geles Dodgers	
	The state of the s	, -5, .	162[7] 140		Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or		ction B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Los Angeles County Employ	ee	2	Per Ticket Policy 5.3	k	
	B. Name of Individua	al Company	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
				Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income L
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification I have read and understand FPPC Regul		na Uribe	Tick	et Administrator	7/14/12
	Signature of Agency Head of Designee Comment:		Print Nam	ne	Tille	(Nonth, Day, Year)

eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors -	First Distric	it		1 OIIII
Division, Department, or Region (If Applicable,)			For Official Use Only
Avianna Uribe, Ticket Administrator			1	
Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molina@lacbo	os.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	55.00
Las Assessan Dades of Cas		06	,12 ,12	
Event Description Los Angeles Dodger Gan Provide Title/Expla		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles Dodgers	
			Name of S	ource
Was ticket distribution made at the behest of agency official?	No Yes	x If yes: Super	rvisor Gloria Molina Official's Name	(I set Eiret)
			Omdars Warne	(Last, 1 may
Recipients • Use Section A to identify the agency's department or u	ınit. • Use Se	ction B to identify an Individu	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of	the Court of the Court of	Note that the second of the second of	TO NAME OF THE OWNER OF THE OWNER.
At Name of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuan	t to the agency's policy
Board of Supervisors Employee	2	Por Ticket Policy 5.3	L	
Board of Supervisors Employee		Per Ticket Policy 5.3	K.	
	Number of			
Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	(usa(us) · ·	Ceremonial Role	Other 🗖	Income
		4	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremonial	Other Usial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuan	t to the agency's policy
(include address and description)	Pass(es)		parposo nido paradan	to the agency a policy
Verification)				
I have read and understand FPPC Regulations 18944.1 and			POT UP 14 WE AND THE	ith the requirements.
Avianna			t Administrator	
Signature of Aleno Head or Designee	Print Nan	ne	Title	(Month, Day Year)
Comment:				1

Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen	
1. Agency Name			Date Stamp	California 802	
Los Angeles County Board of Supervisors -		ct	_	Form For Official Use Only	
Division, Department, or Region (If Applicable)			1 of Official Ose Offiny	
Avianna Uribe, Ticket Administrator					
Designated Agency Contact (Name, Title)]		
			Amandment (Must o	provide explanation in Part 3.)	
Area Code/Phone Number E-mail			1	rovide explanation in Part 3.)	
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	perm		5	55.00	
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L		
Event Description Los Angeles Dodger Gar		Date(s) 06	,13 ,12		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	Los Ar	ngeles Dodgers		
(a) (a) (a) (2005) • • • • • • • • • • • • • • • • • • •		Sune	Name of So rvisor Gloria Molina	urce	
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	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	get frankligered i Miller N	Well a series and restaurants	N. 20 S. 1987 14 S. 24 S. 24 S. 25 S	
A. Name of Agency, Department of Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Board of Supervisors Employee	2	Per Ticket Policy 5.3	k	A CONTRACTOR OF THE SECOND SEC	
		1			
B. Name of Individual	Number of Ticket(s)/				
(Last, First)	Pass(es)		Identify one of the follow	ng:	
		Ceremonial Role	Other	Income	
		ir checking Ceremon	ial Role" or "Other" describe below:		
		Ceremonial Role	Other	Income	
P		If checking "Ceremon	ial Role" or "Other" describe below:	_	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Verification	l	<u> </u>			
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have v	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
Aviann			t Administrator	7/14/10	
Signoture of Agency Head or Designee	Print Nan		Title	(Month, Day Year)	
9					
Comment:		ALLEGE TO A STATE OF THE STATE			

Agency Report of:

Ceremonial Role Events and Tic	KeuPass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors -		t		Form
Division, Department, or Region (If Applicable)			For Official Use Only
Avianna Uribe, Ticket Administrator				
Designated Agency Contact (Name, Title)				
			<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			· Ir	75.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	55.00
Event Description Los Angeles Dodger Gar	ne	Date(s) 06	,15 ,12	06 30 12
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles Dodgers	
Men tiglet digtable than and a till a		Super	Name of So rvisor Gloria Molina	urce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Super	Official's Name (i	Last. First)
			,	
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ction B to identify an individu	ıal. ♦ Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of	g - Proposition of the Proposition	Andrew Strategy and American	NAME OF THE PARTY OF THE PARTY.
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Donautmont of Children & Family Samiles	10	D T. L . D	L 0 : / 5 - 5 - 4 -)/ - 4	I. C. A.L. A
Department of Children & Family Services	10	Per licket Policy 5.3	h & j / For Foster Yout	n - See Att. A
B. Name of Individual (Lest, First)	Number of Ticket(s)/	Add Addition	Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other 🔲	<u>,</u>
			ial Role" or "Other" describe below:	Income [
		Ceremonial Role	Other L	Income
		ir checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of .			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification	III.	11		
I have read and understand FPPC Regulations 18944.1 and	18942. I have y	erified that the distribution set fo	orth above, is in accordance wit	h the requirements. /
Avianr	na Uribe	Tick	et Administrator	7/14/12
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Dal, Year)
Comment				′

DODGER TICKETS – JUNE 2012

			7070	DOUGHT O'AT .	
DATE	NAME	# OF	FACE VALUE	ADDRESS	PURPOSE OF DISTRIBUTION
OF.		TICKET	OF EACH		
EVENT		S	TICKET		
	LA County Foster Youth	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
06/15/12					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver			Confidential	achievements by County students, residents or businesses.
	LA County Foster Youth	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
06/16/12					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	1		Confidential	achievements by County students, residents or businesses.
	LA County Foster Youth	>	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
06/17/12					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver			Confidential	achievements by County students, residents or businesses.
	LA County Foster Youth	_	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
06/29/12				Marca A	5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	٦		Confidential	achievements by County students, residents or businesses.
	LA County Foster Youth	_	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
06/30/12					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	٦		Confidential	achievements by County students, residents or businesses.

TOTAL

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TOTAL

Ceremonial Role Events	and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles County Board of Si	upervisors - I	First Distric	ct		FOIL
Division, Department, or Region	(If Applicable)				For Official Use Only
Avianna Uribe, Ticket Administ	rator				
Designated Agency Contact (Na	me, Title)				
	a and the second and a second				
	-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 N	lolina@lacbo	s.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa					55.00
Does the agency have a ticket p	olicy?	Yes⊠ No		e of Each Ticket/Pass \$ L	33.00
Event Description Los Angeles	Dodger Gam rovide Title/Explai	And the last of th	Date(s)	5 ,28 ,12	
Ticket(s)/Pass(es) provided by a	gency?	Yes□ No	If no: Los /	Angeles Dodgers	
				Name of Se	ource
Was ticket distribution made at to of agency official?	ne behest	No Yes	If yes: Sup	pervisor Gloria Molina Official's Name	(Last First)
-				Oma a s warre	Last, 1 noty
 Recipients Use Section A to identify the agency's 	denartment or u	nit ellse Se	ection B to identify an Indiv	vidual • Use Section C to iden	ntify an outside organization
A. Name of Agency, Department	to the second	Number of Ticket(s)/ Pass(es)	particular series	ublic purpose made pursuan	
	1				
Board of Supervisors Employee	2	2	Per Ticket Policy 5	.3 k.	
B. Name of Individual		Number of Ticket(s)/		ldentify one of the follow	vlng:
		Pass(es)	Ceremonial Rol If checking "Ceren	e Other monial Role" or "Other" describe below:	Income _
			Ceremonial Rol If checking "Ceren	e Other Innonial Role" or "Other" describe below:	Income
C Name of Outside Organiza	Hon	Number of			nangasi sa sa sa sa sa
Name of Outside Organizat		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
. Verification I have read and understand FPPC Regulation	ons 18944 1 and 3	18942 have v	redired that the distribution of	et forth above. Is in accordance w	ith the requirements
	Avianna			ket Administrator	7/11/12
Signature of Agency Head or Designee		Print Nar		Title	(Nonth, Day, Year)
					1
Comment:			- 1 - μ - μ - μ - μ - μ - μ - μ - μ - μ		
				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772

Ceremental Role Events and The	oncor ass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors	The State of the S	et e e e e e e e e e e e e e e e e e e		TOIM
Division, Department, or Region (If Applicable	le)]	For Official Use Only
Avianna Uribe, Ticket Administrator				
Designated Agency Contact (Name, Title)			1	
			1	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacl	bos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	50.00
Event Description An Evening with Josh G	and the same of the same of the same of		.28 .12	
Event Description An Evening With Josh G	Ald the American Commission of the Commission of	Date(s) 06		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	▼ If no: The M	usic Center	
MC Property of the Control of the Co			Name of Son	ırce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (L	.ast, First)
 Recipients 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	ify an outside organization.
A. Name of Agency, Department or Unit	Number of	g · Prode ver i Virginia.	Artis of the Section of the Section	Name of the state
At Indiana of Agorios, Department of Online	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to trie agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	k	
B. Name of Individual	Number of			a. North and Arthur
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other _	Income
		If checking "Ceremon	ial Role" or "Other" describe below;	
		Ceremonial Role	Other	Income
			ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of . Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
l. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	d 18942 have ve	erified that the distribution set &	odh shove is in populana	the requirements
	na Uribe		et Administrator	ruie requirements;
Signature of Agency Head or Designee	Print Nan		Title	(Nonth, Day, Year)
			/ MO	(pronur, Day, Year)
Comment:		TO WELL TO THE THE TANK OF THE		FPPC Form 802 (4/12)
		3	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

١.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors -	First Distric	t		2 1 2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Division, Department, or Region (If Applicable)			For Official Use Only
	Avianna Uribe, Ticket Administrator Designated Agency Contact (Name, Title)				
0.000	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			[150.00
		Yes No		of Each Ticket/Pass \$ L	30.00
	Event Description An Evening with Josh Gr	The second second second	Date(s) 06	/ 28 / 12	
	Provide Title/Expla		The M	usic Center	
	Ticket(s)/Pass(es) provided by agency?	Yes No	_	Name of So	purce
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (Last, First)
	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Sec	ction 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 pursuant	to the agency's policy
V	Board of Supervisors Employee	2	Per Ticket Policy 5.3	k	
200000000000000000000000000000000000000	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	Ing:
		Pass(es)	Ceremonial Role	Other	Income
			AND	ial Role" or "Other" describe below:	income [_
			Ceremonial Role		Income [
			If checking "Ceremoni	al Role" or "Other" describe below:	
Į	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
1	Verification /		V		
	have read and understand FPPC Regulations 18 <u>944.1 and I</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements
		a Uribe			The regaliteriteriter