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 ☐
Event Description LA Philharmonic Performance
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $168.00
Date(s) 06/01/12

3. Recipients
* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Children &amp; Family Services</td>
<td>2</td>
<td>Per our ticket policy 5.3 h &amp; J / For Foster Youth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. 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>
<tr>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 19441.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe  Ticket Administrator  7/4/12
Signature of Agency Head or Designee   Print Name   Title   Date (Month, Day, Year)
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

Event Description
Swan Lake - Opera

Face Value of Each Ticket/Pass $240.00

Date(s)
06 08 12

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

If no:
The Music Center
Name of Source

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

If yes:
Supervisor Gloria Molina
Offical's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Employee  2  Per Ticket Policy 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:


C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy


4. Verification
I have read and understood FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Print Name Ticket Administrator
Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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
   Event Description  Swan Lake - Opera
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   Was ticket distribution made at the behest of agency official?  No  Yes
   Face Value of Each Ticket/Pass $240.00
   Date(s) 06 09 12
   Name of Source  The Music Center
   Supervisor Gloria Molina
   Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy
   Board of Supervisors Employee  2  Per Ticket Policy 5.3 k

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Ceremonial Role
   Other
   Income

   C. Name of Outside Organization (include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19544 1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature  Avianna Uribe  Ticket Administrator  7/4/13
   Print Name  Title  (Position, City, Year)

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
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3)
Date of Original Filing:
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 55.00
Event Description Los Angeles Dodger Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
If yes: Supervisor Gloria Molina
Name of Source
Officer's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Los Angeles County Employee 2 Per 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 19344.1 and 19344. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Ticket Administrator
Title: 7/14/12
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   Los Angeles County Board of Supervisors - 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** ☐
   **Event Description** Los Angeles Dodgers Game
   **Face Value of Each Ticket/Pass** $55.00
   **Date(s)** 06 12 12
   **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**
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   Board of Supervisors Employee 2 Per Ticket Policy 5.3 k.

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   I have read and understood FPPC Regulations 19541 and 19542. I have verified that the distribution set forth above, is in accordance with the requirements.
   **Signature of Agency Head or Designee**
   **Print Name**
   **Title**
   **Date** 7/14/12

   **Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FFPC (866/275-7772)
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 ☐
Event Description Los Angeles Dodgers Game
Provide Title/Explanation
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
* Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Employee  2  Per Ticket Policy 5.3k.

B. Name of Individual  Number of Ticket(s)/Pass(es)  Identify one of the following:
Income ☐
Ceremonial Role ☐ Other ☐
If checking "Ceremonial Role" or "Other" describe below:
Income ☐
Ceremonial Role ☐ Other ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16945. 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

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-7772)
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)

   (213) 974-4111
   Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Los Angeles Dodger Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) of Event: 05 15 12
   Face Value of Each Ticket/Pass: $55.00
   If no, Name of Source: Los Angeles Dodgers
   If yes, Name of Source: Supervisor Gloria Molina
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Department of Children & Family Services 10 Per Ticket Policy 5.3 h & j/ For Foster Youth - See Att. A

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th>Purpose of Distribution</th>
<th>Ticket Value</th>
<th># of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>tickets available for County Resident use</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>tickets available for Public</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 LA County Foster Youth</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

TOTAL

06/30/12 Foster Parent / Caregiver
06/29/12
06/17/12
06/16/12
06/15/12

DODGERS TICKETS - JUNE 2012
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 ☐
Event Description: Los Angeles Dodger Game
Face Value of Each Ticket/Pass $ 55.00
Date(s) 06 28 12
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
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.

A. Name of Agency, Department or Unit: Board of Supervisors Employee
Number of Ticket(s)/Pass(es): 2
Describe the public purpose made pursuant to the agency's policy: Per 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:

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 18644.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Ticket Administrator
Title: 7/4/12

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FFPC (886/275-7772)
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
California Form 802
For Official Use Only

Amendment  (Must provide explanation in Part 3)

Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]

Event Description  An Evening with Josh Groban
Provide Title/Explanation

Face Value of Each Ticket/Pass $ 150.00

Date(s) 06 28 12

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

If no: The Music Center
Name of Source

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

If yes: Supervisor Gloria Molina
Official's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tr>
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<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 k</td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  Print Name  Title
Avianna Uribe  Ticket Administrator  7/14/12

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: (213) 974-4111  
E-mail: Molina@lacbos.org  

**2. Function or Event Information**  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Event Description: An Evening with Josh Groban  
Provide Title/Explanation:  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒  
Face Value of Each Ticket/Pass $: 150.00  
Date(s): 06 28 12  
If no: The Music Center  
Name of Source:  
If yes: Supervisor Gloria Molina  
Official's Name (Last, First):  

**3. Recipients**  
* Use Section A to identify the agency's department or unit. * Use Section B to identify an Individual. * Use Section C to identify an outside organization.  

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<td>Ceremonial Role ☐ Other ☐</td>
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<td>Income ☐</td>
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</table>

**4. Verification**  
I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  

Signature of Agency Head or Designee: Avianna Uribe  
Print Name: Ticket Administrator  
Title:  
(Month, Day, Year): 7/14/12  

Comment:  

---

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