

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Los Angeles County Board of Supervisors - First District			
Division, Department, or Region (If Applicable)			
Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: (Month, Day, Year)	
(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

If no: LA Philharmonic  
*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.

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	2	Per our ticket policy 5.3 h & j / For Foster Youth
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Signature of Agency Head or Designee
 
 Avianna Uribe  
 Print Name
 

 Ticket Administrator  
 Title
 

 7/14/12  
 (Month, Day, Year)

Comment:

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Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$

\$240.00

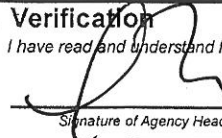
Event Description  Swan Lake - Opera  
Provide Title/ExplanationDate(s)  06  08  12Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:  The Music CenterName of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes:  Supervisor Gloria MolinaOfficial's Name (Last, First)**3. 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

7/14/12  
(Month, Day, Year)Comment:

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Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	\$240.00
Event Description	Swan Lake - Opera <small>Provide Title/Explanation</small>	Date(s)	06 / 09 / 12
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	The Music Center <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

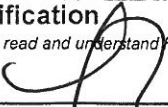
**3. Recipients**

• 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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C. Name of Outside Organization <small>(include address and description)</small>	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.

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

Comment:

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Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	55.00
Event Description	Los Angeles Dodger Game <i>Provide Title/Explanation</i>	Date(s)	06 / 11 / 12
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Los Angeles Dodgers <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <i>Official's Name (Last, First)</i>

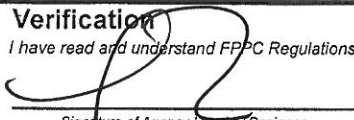
**3. Recipients**

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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**

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

Comment:

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Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$	55.00
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s)	06 / 12 / 12
Event Description	Los Angeles Dodger Game		
	<small>Provide Title/Explanation</small>		
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Los Angeles Dodgers
			<small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
			<small>Official's Name (Last, First)</small>

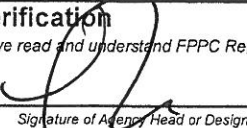
**3. Recipients**

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

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

Comment:



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Division, Department, or Region (If Applicable)			
Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacobos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

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

Event Description  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 \$

Date(s)

If no:  Name of Source

If yes:  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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

	<input type="text" value="Avianna Uribe"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="7/14/12"/>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

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Avianna Uribe, Ticket Administrator			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (Month, Day, Year)	
(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 \$	55.00
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Event Description	Los Angeles Dodger Game
	<i>Provide Title/Explanation</i>

Date(s) 06/15/12 06/30/12

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
Department of Children & Family Services	10	Per Ticket Policy 5.3 h & j / For Foster Youth - See Att. A

B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>	

		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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#### 4. Verification

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

Signature of Agency Head or Designee

Avianna Uribe

Print Name \_\_\_\_\_

Ticket Administrator

Title

(Month, Day, Year)

Comment:

# DODGER TICKETS – JUNE 2012

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

**TOTAL 10**

**TOTAL**



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Area Code/Phone Number	E-mail	Date of Original Filing: (Month, Day, Year)	
(213) 974-4111	Molina@lacbos.org		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	55.00
Event Description	Los Angeles Dodger Game <small>Provide Title/Explanation</small>	Date(s)	06 / 28 / 12
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Los Angeles Dodgers <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

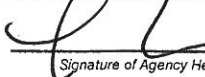
## 3. Recipients

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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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Avianna Uribe Print Name	Ticket Administrator Title	7/14/12 (Month, Day, Year)
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Area Code/Phone Number		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
(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.

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:
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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	7/14/12
	Print Name	Title	(Month, Day, Year)

Comment:

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(213) 974-4111	Molina@lacobos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

**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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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

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

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

Comment:

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