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 [X] No [ ]
Event Description
[Provide Title/Explanation]
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]

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)
Board of Supervisors Employee 2 Per Our Ticket Policy 5.3 (k)

B. Name of Individual (SA 106)
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 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 Head or Designee Print Name Title
(8/3/12)

Comment:

Print Form
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@lacob.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 55.00
Date(s) 07 03 12
Event Description Dodger 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.

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Our Ticket Policy 5.3 (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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<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 18947. 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

Date (Month, Day, Year) 8/18/18

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

Date Stamp: California Form 802
A Public Document
For Official Use Only

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/Explanation:
Date(s): 07/04/12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
If yes: Supervisor Gloria Molina
Name of Source: 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 Our Ticket Policy 5.3 (k)

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es)
--- | ---
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 16944.1 and 19942. 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: Office of Supervisor Gloria Molina
(Month, Day, Year): 08/12

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 Dodger Game
   Face Value of Each Ticket/Pass $55.00
   Date(s) 07/17/12
   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? Yes No
   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 Our 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:

   **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 the above and FPPC Regulations 19444 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 Ticket Administrator
   Title
   (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: (213) 974-4111
E-mail: Molina@lacbos.org

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
Date(s): 07/18/12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
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>
<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Our Ticket Policy 5.3 (k)</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>Ceremonial Role □ Other □ Income □</td>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<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 19844.1 and 19842. 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: 8/3/12
(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 ☑
Face Value of Each Ticket/Pass $55.00
Event Description: Dodger Game
Date(s) 07 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? Yes ☐ No ☑
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>
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<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>
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</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Our Ticket Policy 5.3 (k)</td>
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</table>

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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19644.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator 8/4/12
Signating of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Event Description: **Dodger Game**
   - Face Value of Each Ticket/Pass $ [55.00]
   - Date(s): 07/31/12
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Name of Source: Los Angeles Dodgers
   - If yes: Supervisor Gloria Molina

3. **Recipients**
   - 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 Our Ticket Policy 5.3 (k)

4. **Verification**
   - I have read and understand FPPC Regulations 10944.1 and 10942. 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: 8/4/12

**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 [x]  Face Value of Each Ticket/Pass $ 55.00
Event Description: Dodger Game  Date(s): 07/12/2012
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
If yes: Supervisor Gloria Molina

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 8 Per Our 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:
(Cite title, name)
Ceremonial Role [ ] Other [ ]

If checking "Ceremonial Role" or "Other" describe below:

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
(include address and description)

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature  Print Name  Title
Avianna Uribe  Ticket Administrator

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 856/ASK-FPPC (856/275-7772)
<table>
<thead>
<tr>
<th>EVENT</th>
<th>TICKET OF DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parent / Caregiver</td>
<td>Confidential</td>
</tr>
<tr>
<td>Foster Parent / Caregiver</td>
<td>Confidential</td>
</tr>
<tr>
<td>Foster Parent / Caregiver</td>
<td>Confidential</td>
</tr>
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<tr>
<td>Foster Parent / Caregiver</td>
<td>Confidential</td>
</tr>
</tbody>
</table>

Purposes of Distribution:
- Encouraging educational significance among students.
- Promoting public and private facilities available for County residents.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Ticket of Distribution</th>
<th>Address</th>
<th>Face Value</th>
<th>Ticket #</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>
| 5-3) Encouraging educational significance among students.
| Confidential | $550.00 | 1 |
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| Confidential | $550.00 | 1 |
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| Confidential | $550.00 | 1 |
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

Date Stamp
Form 802
California
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 $105.00
Event Description: Celebration of Dance-Dizzy Feet Found.
Provide Title/Explanation
Date(s): 07 28 12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Name or Source: The Music Center
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
Official's Name (Last, First): Supervisor Gloria Molina

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 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 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: 886/ASK-FPPC (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $35.00
   Event Description: The Producers at Hollywood Bowl
   Date(s): 07/27/12
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   LA Philharmonic
   Name of Source
   If no:
   Name of Source
   If yes: Supervisor Gloria Molina

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 Our Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      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 19744.1 and 19842. 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 8/4/12
   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

**Date Stamp**
California Form 802  
For Official Use Only

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes X</th>
<th>No</th>
</tr>
</thead>
</table>

**Event Description**
The Producers at Hollywood Bowl

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

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

**Face Value of Each Ticket/Pass $** 35.00  
**Date(s)** 07 27 12

**If no: LA Philharmonic**

**Name of Source**
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

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Our Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</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 understood 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  
Title  
(Month, Day, Year) 8/4/12

Comment:  

FPPC Form 802 (4/2012)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Face Value of Each Ticket/Pass $35.00
   - Event Description: The Producers at Hollywood Bowl
   - Date(s): 07/27/12
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - LA Philharmonic
   - Name of Source: Supervisor Gloria Molina
   - If yes: Supervisor Gloria Molina

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 Our Ticket Policy 5.3 (k)

   **B. Name of Individual (Last, First):**
   - 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): 1
   - Describe the public purpose made pursuant to the agency's policy:

4. **Verification**
I have read and understand FPPC Regulations 19344.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe, Ticket Administrator

Comment:

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

   Date 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 ☑ No ☐
   Face Value of Each Ticket/Pass: $35.00
   Date(s): 07/29/12
   Event Description: The Producers at Hollywood Bowl

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ LA Philharmonic
   If no: Name of Source

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

   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 19844.1 and 19842. 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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** The Producers at Hollywood Bowl
- **Face Value of Each Ticket/Pass:** $35.00
- **Date(s):** 07-29-12
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **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

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Our Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 19944.1 and 19942. 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:**

**Date:** (Month, Day, Year)