Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				FOIIII OO
Division, Department, or Region (If Applicable	e)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
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				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 5	5.00
Event Description Dodger Game		08	,03 ,12	08 31 12
Event Description Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	geles Dodgers	
			Name of So	urce
Was ticket distribution made at the behest of agency official?	No 📮 Yes	If yes: Supe	rvisor Gloria Molina Official's Name (I	act Firet)
			Omdai 3 Name (L	-ast, i listy
 Recipients Use Section A to identify the agency's department or 	unit ellseSo	action B to identify an Individu	allea Section C to ident	ify an outside organization
	Number of	graphic and the state of the st	Artist of the organization of the control	TANK SHOP HERE IS A STORY
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Danastarant of Children 9 Family Comings	1	2 7 1 1 2 1 5 2	10:/F F V	
Department of Children & Family Services][4	Per Ticket Policy 5.3	h & j / For Foster Yout	n - See Att. A
	Number of			
B. Name of Individual (Lest First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	1 445(45)	Ceremonial Role	Other	Income 🗖
			ial Role" or "Other" describe below:	income 🗀
		Ceremonial Role	Other	income
		in directally objection	arrole of Other describe below.	
7				
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	
(include address and description)	Pass(es)	Describe trie pub	iic purpose made pursuam	to the agency's policy
		1		
I. Verification				
I have read and understand FPPC Regulations 18944.1 and				h the requirements.
	a Uribe		et Administrator	19/11/12
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				
PROVIDENCE OF THE PROPERTY OF				

		21	DODGE	R TICKETS	DODGER TICKETS – AUGUST 2012
DATE	NAME	# OF	FACE VALUE	ADDRESS	PURPOSE OF DISTRIBUTION
유		TICKET	OF EACH	20-21/20/20	
EVENT		S	TICKET		
	LA County Foster Youth	1	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
08/03/12			a crains		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.
08/04/12	1				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.
71/50/80	1				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.
08/24/12		3			5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	_		Confidential	achievements by County students, residents or businesses.
08/25/12	LA County Foster Youth	_	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	_		Confidential	achievements by County students, residents or businesses.
08/26/12	LA County Foster Youth	_	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	_		Confidential	achievements by County students, residents or businesses.
08/31/12	LA County Foster Youth	_	\$55.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
					5.3 j) Encouraging or recognizing significant academic, athletic or public
	Foster Parent / Caregiver	_		Confidential	achievements by County students, residents or businesses.

TOTAL

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Ceremonial F	Role Events and T	icket/Pass	s Distributions		A Public Document
1. Agency Nam	е			Date Stamp	California 802
Los Angeles Co	unty Board of Supervisor	rs			I OIIII
Division, Depart	tment, or Region (If Applica	able)			For Official Use Only
First District				1	
	ncy Contact (Name, Title)			1	
Avianna Uribe,	Ticket Administrator			1	
Area Code/Phor	ne Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111	Molina@la	cbos.org		Date of Original Filing:	: (Month, Day, Year)
2. Function or I	Event Information		0.100		55.00
Does the agency	y have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	55.00
Event Description	n Dodger Game		Date(s) 08	,01 ,12	
	Provide Title/E	xplanation		analas Dadasus	
Ticket(s)/Pass(e	s) provided by agency?	Yes No	If no: LOS AI	ngeles Dodgers Name of So	ource
Was ticket distrib	oution made at the behest	No Yes	Supe	ervisor Gloria Molina	
of agency offici		NO Tes	If yes: Supe	Official's Name	(Last, First)
3. Recipients					
	lentify the agency's department	or unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Ag	ency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
Board of Superv	risors Employee	2	Per Ticket Policy 5.3	3 (k)	
			Ter ricket rolley 3.5	, (K)	
B. Na	ame of Individual (Lest First)	Number of Ticket(s)/		Identify one of the follow	/ing:
	(Leat, Filial)	Pass(es)	1		
			Ceremonial Role If checking "Ceremon	Other III nial Role" or "Other" describe below:	Income
	-				
			Ceremonial Role	Other Unial Role" or "Other" describe below:	Income
				THE TOTAL OF CHIEF GOODS PORCH.	
		<u> </u>			
	Outside Organization ddress and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
		rass(es).		de la factual, as on all all all	Same and the state of the state
. Verification					
I have read and unders	and FPPC Regulations 18944.1 a	and 18942. I have v	erified that the distribution set t	orth above, is in accordance wi	th the requirements.
· // (nna Uribe		et Administrator	9/10/10
Signatule of Agend	y Head or Designee	Print Nan	ne	Title	(Month, Day Year)
Comment:					FD70 F
				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				FOIIII
Division, Department, or Region (If Applicable)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)]	
Avianna Uribe, Ticket Administrator			DAmandmant (Marks	unida sullandia in Rad ()
Area Code/Phone Number E-mail				rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			5	5.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	
Event Description Dodger Game		Date(s) 08	, 06 , 12	
Provide Title/Expla		los An	igeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of So	urce
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?		, , , , ,	Official's Name (L	.ast, First)
. Recipients				
Use Section A to identify the agency's department or it.		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 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)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	T usa(us)	Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
ž				
		Ceremonial Role	Other	l-comp F
		CONTRACTOR OF THE PROPERTY OF	ial Role" or "Other" describe below:	Income
			***	· · · · · · · · · · · · · · · · · · ·
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/		lic purpose made pursuant	
	Pass(es)			
Verification)			The state of the s	
I have read and Junderstand FPPC Regulations 18944.1 and	18942, I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
Aviann			et Administrator	9/12/12
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Da, Year)
·	NIKY SCA			
Comment:				FPPC Form 802 (4/12
		i, i	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772

Agency Report of: Ceremonial Role Events and Tid	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	
Los Angeles County Board of Supervisors			1	Form 802
Division, Department, or Region (If Applicable	'e)		4	For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@laci	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			,	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	55.00
Event Description Dodger Game		Data(s) 08	,07 ,12	
Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles Dodgers Name of So	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (I	Last, First)
3. 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 iden	tify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	proposition of the following	lic purpose made pursuant	The Contraction of the
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following of the following of the Interest of the following of the foll	ing:
		Ceremonial Role If checking "Ceremon	Other I or "Other" describe below:	Income
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
I. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	d 18942. I have v	erified that the distribution set fo	orth above, is in accordance witi	h the requirements.
/ / /	na Uribe		et Administrator	9/11/12
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:		1	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable))		Date Stamp	California 802 Form Sofficial Use Only
First District Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbo	os.org		Amendment (Must pr	ovide explanation in Part 3.) (Month, Day, Year)
Event Description Dodger Game Provide Title/Expla	Yes⊠ No nation Yes□ No No□ Yes	Date(s) 08	of Each Ticket/Pass \$ 108 12 12 13 15 16 17 17 18 18 18 18 18 18 18 18	
 Recipients Use Section A to identify the agency's department or u 	nit. • Use Se			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followly Other Other describe below:	ng:
		Constitution (Other Other Other describe below:	Income 🔲
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy
4. Verification I have read and inderstand FPPC Regulations 18944.1 and a Avianna Signature of Agency Head or Designee	515 1041	Ticke	orth above, is in accordance with et Administrator Title	the requirements. 9/11/19 (Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors	CO. INC.			FUIII O
Division, Department, or Region (If Applicable)]	For Official Use Only
First District				
Designated Agency Contact (Name, Title)]	
Avianna Uribe, Ticket Administrator		2010/06/2013 100/06/2013	Amendment (Must pr	ovide evalanation in Part 3.)
Area Code/Phone Number E-mail				ovide explanation in an an
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		_	55	5.00
Does the agency have a ticket policy?	Yes No		of Each Ticket/Pass \$ L	
Event Description Dodger Game Provide Title/Expla	enation	Date(s) 08	, 20 , 12	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⊠ If no: Los Ar	ngeles Dodgers	
		_	Name of Sou	rce .
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 residual. 	ınit. • Use Se	ction B to identify an Individu	ual. • Use Section C to identi	fv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	the first of the state of the s	blic purpose made pursuant i	NAME OF THE PROPERTY OF THE PARTY.
	Pass(es)			AND STATE OF
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	na:
(Last, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other iial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other U	Income _
			SHOPE MADE IN THE SHOPE IN THE	www.teu.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	rass(es)		eris Samel, an our error of fa	
. Verification	<u> </u>	III.		
I have read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Aviann	a Uribe	Ticke	et Administrator	9/11/12
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)
		į	FPPC Toll-Free Helpline: 86	

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable))		Date Stamp	California 802 Form 802
First District Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbe	os.org		Amendment (Must p	rovide explanation in Part 3.) (Month, Day, Year)
Event Description Dodger Game Provide Title/Expla	Yes⊠ No mation Yes□ No No□ Yes	Date(s) Date(s) O8 Los An	of Each Ticket/Pass \$ 1,21 12 12 13 14 15 16 17 17 18 18 19 19 19 19 19 19 19 19	
3. Recipients • Use Section A to identify the agency's department or u	ınit. • Use Se			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following Other In all Role" or "Other" describe below:	ng:
		Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income
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
1 Varification				
1. Verification I have read and funderstand FPPC Regulations 18944.1 and Avianna Signature of Agency Head or Designee		Ticke	orth above, is in accordance with et Administrator Title	the requirements. (Month, Day, Year)
Comment:				

First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Dey, Y) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date (s) Date (s) Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Sangeles Dodgers Was ticket distribution made at the behest of agency official? Supervisor Gloria Molina of agency official? 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 org 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 (Lest, Pau) Number of Ticket(s)/ Pass(es) Ceremonial Role Other General Role or 'Other' describe below:	a 802
Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number	\sim
First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administration Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Dey, Y) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Supervisor Gloria Molina of agency official? 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 org 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 (Last, First) Ceremonial Role or 'Other' describe below:	al Use Only
Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Day, Y) 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 Provide Title/Explanation Provide Title/Expl	
Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Day, Y) 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 Provide Title/Explanation Provide Title/Expl	
Area Code/Phone Number E-mail	
Area Code/Phone Number	
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Supervisor Gloria Molina of agency official? No Yes Supervisor Gloria Molina of agency official? A. Name of Agency, Department or Unit. Name of Agency, Department or Unit. Number of Ticket(s)/Pass(es) Board of Supervisors Employee Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Per Ticket Policy 5.3 (k) Ceremonial Role Other Individual Number of Ticket(s)/Pass(es)	in Part 3.)
Does the agency have a ticket policy? Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Inchest (s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Inchest (s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Inchest (s)/Pass(es) No Inchest (s)/Pass(es) Supervisor Gloria Molina Official's Name (Last, First) Official's Name (Last, First) 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 (Last, First) Number of Ticket(s)/Pass(es) Pass(es) Ceremonial Role Other Inchesting 'Caremonial Role O	ear)
Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Such ticket distribution made at the behest of agency official? No Yes Supervisor 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. Name of Agency, Department or Unit Ticket(s)/Pass(es) Board of Supervisors Employee Per Ticket Policy 5.3 (k) Ceremonial Role Other Individual Ceremonial Role or Other describe below:	
Ticket(s)/Pass(es) provided by agency? Yes No If no: No Yes Dos Angeles Dodgers Name of Source Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Board of Supervisors Employee Describe the public purpose made pursuant to the agency's department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's department or Unit Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency of Ticket(s).	
Ticket(s)/Pass(es) provided by agency? Yes No If no: No If no: Los Angeles Dodgers Name of Source	
Was ticket distribution made at the behest of agency official? No Yes Supervisor Gloria Molina Supervisor 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. Number of Ticket(s)/Pass(es) Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Ceremonial Role Other If the checking "Ceremonial Role" or "Other" describe below:	
Was ticket distribution made at the behest of agency official? No Yes If yes: Supervisor Gloria Molina Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Board of Supervisors Employee Per Ticket Policy 5.3 (k) Number of Ticket(s)/ Pass(es) Recipients Use Section B to identify an individual. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Recipients Use Section B to identify an individual. Number of Ticket(s)/ Pass(es) Recipients Use Section B to identify an individual. It public purpose made pursuant to the agency's pass(es) Recipients Official's Name (Last, First) Describe the public purpose made pursuant to the agency's pass(es) Recipients Official's Name (Last, First)	
of agency official? 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 orgonate the public purpose made pursuant to the agency's Pass(es) Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k) B. Name of Individual (Last First) Number of Ticket(s)/Pass(es) Ceremonial Role Other Individual (Last First) It checking "Caremonial Role" or "Other" describe below:	
Name of Agency, Department or unit. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Pass(es) Per Ticket Policy 5.3 (k) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Per Ticket Policy 5.3 (k) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	
Name of Agency, Department or unit. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's Pass(es) Per Ticket Policy 5.3 (k) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Per Ticket Policy 5.3 (k) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	
Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k) B. Name of Individual (Lest First) Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or 'Other' describe below:	anization.
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	oolicy
Name of Individual (Lest, First) Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	
	Income
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	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 pass(es)	oolicy
Verification I have read and uniterstand 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	11112
Signature of Agency Head or Designee Print Name Title (Mgn	th, Day, Year)
Comment: L FPPC For FPPC Toll-Free Helpline: 866/ASK-FPPC (i	orm 802 (4/12

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors		4		FOIIII
Division, Department, or Region (If Applicable	e)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator		St -		
Area Code/Phone Number 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 Event Information			Г	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	55.00
Event Description Dodger Game		Date(s) 08	,30 ,12	
Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	geles Dodgers	
Mara Balant Paris P		Supa	Name of So rvisor Gloria Molina	urce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Supe	Official's Name (Last. 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 iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	5 8 7 5 10 K 12 28 5 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lic purpose made pursuant	NAME OF BUILDING
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:
Transferred Control of the Control o	Pass(es)	Ceremonial Role	Other 🔲	Income C
			ial Role" or "Other" describe below:	mome _
			Other Other Other describe below:	Income
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 I have read and understand FIPPC Regulations 18 <u>944.1 and</u>	118042 have :-	arified that the distribution and fo	odh ahaya ia ia	h the requirement-
///	ia Uribe		onn above, is in accordance wit et Administrator	O///
Signature #Agency Head or Designee	Print Nan		Title	
Survivo a vigorio, i read or Designee	riin Nan		11(18	(Modith, Day, Year)
Comment:				

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vianna Uribe, Ticket Administrator			} 	
rea Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
13) 974-4111 Molina@lac	bos.org		Date of Original Filing	(Month, Day, Year)
unction or Event Information	A 100 W CO.			100.00
oes the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	100.00
vent Description CA Phil Beethoven & . Provide Title/Exp	The second secon	Date(s) 08	, 26 , 12	
icket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles Philharmonic	
	_		Name of S ervisor Gloria Molina	ource
/as 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 Sect	ion B to identify an Individ	ual • Use Section C to ide	ntify an outside organization
Name of Agency, Department or Unit	Number of	$- \gamma_{1,1}(x_1, x_2) = (x_1, x_2, x_3) + (x_2, x_3) + (x_1, x_2, x_3) + (x_1, x_3, x_3) + (x_1, x_2, x_3) + (x_1, x_3, x_3, x_3, x_3) + (x_1, x_3, x_3, x_3, x_3) + (x_1, x_3, x_3, x_3, x_3, x_3) + (x_1, x_3, x_3, x_3, x_3, x_3, x_3) + (x_1, x_3, x_3, x_3, x_3, x_3, x_3, x_3, x_3$	blic purpose made pursuar	
	Ticket(s)/ Pass(es)	Jescribs are par	one purpose made pursual	icto dre agency s policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(Last, First)	Pass(es)	Communical Delic		
		Ceremonial Role If checking "Ceremon	Other	Income L
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
ovisions i Sud				
erification ave read and understand FPPC Regulations 18 <u>944.1 am</u>				olth the requirements.
	na Uribe	Ticke	et Adminstrator	119/11/10
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency Name	A STATE OF THE STA		Date Stamp	California Q02
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
First District			1	10
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	00.00
Event Description CA Phil Beethoven & Jo Provide Title/Expla	Charles and the second	ns Date(s) 08	, 26 , 12	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	ngeles Philharmonic Name of Sou	irce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Supe	ervisor Gloria Molina Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the ag	ınit. • Use Se	ection B to identify an individu		ify an outside organization.
A. Name of Agency, Department or Unit	Number of 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)	
¥				
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking [*] Ceremon	Other Interpretation of the control	Income 🗖
		Ceremonial Role	Other Dial Role" or "Other" describe below;	Income
		in checking ceremon	ar Note of Street describe below,	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant (o the agency's policy
				=
. Verification				
I have read and understand FPPC Regulations 18944.1 and	<u>18942. I have v</u> ia Uribe			the requirements.
Signature of Agency Head or Designee	Print Nan	STATE OF THE PARTY	t Adminstrator	(Month, Day, Year)
				(month, bay, real)
Comment				