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

1. **Agency Name**
Los Angeles County Board of Supervisors
Division, Department, or Region (If Applicable)
First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
Area Code/Phone Number: (213) 974-4111
E-mail: Molina@labcos.org

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): 08 03 12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
Name of Source: Supervisor Gloria Molina
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.

<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>14</td>
<td>Per Ticket Policy 5.3 h &amp; j / For Foster Youth - See Att. A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role [x]</td>
<td>Other: [ ] Income: [ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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 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: [ ] (Month, Day, Year)

Comment:
<table>
<thead>
<tr>
<th>Purpose of Distribution</th>
<th>Name of Each Attendee</th>
<th>Address</th>
<th>Ticket #</th>
<th>Ticket Value</th>
<th>Event Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>08/31/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/26/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/25/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/24/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/23/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/22/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/21/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
<tr>
<td>#3 (4) Promoting public and private facilities available for County Resident use.</td>
<td>Confidential</td>
<td>$555.00</td>
<td>1</td>
<td>09/20/12</td>
<td>Foster Parent / Caregiver</td>
</tr>
</tbody>
</table>
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**

   Los Angeles County Board of Supervisors

   Division, Department, or Region (if Applicable)

   First District

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)**
   08 01 12

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

   **If no:**
   Los Angeles Dodgers

   **Name of Source**
   Supervisors 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 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**

   (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 19644.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee

   Print Name

   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
Division, Department, or Region (if Applicable)
First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
Area Code/Phone Number   E-mail
(213) 974-4111   Molina@lacobos.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
Event Description  Name of Event/Description
Dodger Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes  No
If no:  Name of Source
If yes:
Was ticket distribution made at the behest of agency official?  No  Yes

Face Value of Each Ticket/Pass $ 55.00
Date(s)  08  06  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.
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 understand FPPC Regulations 19841 and 19842.  I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe  Ticket Administrator  9/13/12
Sign Here:  Agency Head or Designee  Print Name  Title  (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
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
   Division, Department, or Region (if Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   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): 08/07/12
   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? No [ ] Yes [x]
   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 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 19441.1 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
   Date: 09/11/12
   Title: Ticket Administrator
   Print Name: Molina

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - Division, Department, or Region (if applicable)

   **First District**
   - Designated Agency Contact (Name, Title)
   - Avianna Uribe, Ticket Administrator
   - 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 [ ]
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass $55.00
   - Date(s): 08/08/12
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   - Name of Source: Los Angeles Dodgers
   - Name of Source (if no): 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**
   - 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**
   - 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**
   - 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 19444.1 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: Supervisor Gloria Molina

   **Date:** 09/11/12

**Comment:**

FPPC Form 802 (4/12)
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
Division, Department, or Region (if Applicable)

First District

Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator

Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp
A Public Document
California Form 802
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

Date(s) 08/20/12

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

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.

<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 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>(Include address and description)</td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<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 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe Ticket Administrator 09/11/12

Signature of Agency Head or Designee Print Name 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
Division, Department, or Region (If Applicable)
First District

Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacobos.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 X No
Event Description
Dodger Game
Face Value of Each Ticket/Pass $55.00
Date(s) 08 21 12
Ticket(s)/Pass(es) provided by agency? Yes X No
If no: Los Angeles Dodgers
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:

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 18941 and 19942; I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
Avianna Uribe Ticket Administrator 9/11/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number
   (213) 974-4111
   E-mail
   Molina@lacos.org
   Date Stamp
   [ ] Amendment (Must provide explanation in Part 3)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description
   Dodger Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   [ ] Yes ☒ If yes:
   [ ] No ☐ If no:
   [ ] Name of Source
   Los Angeles Dodgers
   [ ] Supervisor Gloria Molina
   [ ] Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $55.00
   Date(s) 08 22 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.

   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
      (Include title)
      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:
      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 18944.5 and 18944.6. 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)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors
Division, Department, or Region (If Applicable)

First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
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
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $: 55.00
Event Description: Dodger Game
Date(s): 08/30/12
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Dodgers
Name of Source: Supervisor Gloria Molina
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.

<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 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>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors
Division, Department, or Region (if Applicable)

First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
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 ☐
Event Description CA Phil. - Beethoven & John Williams
Provide Title/Explanation
Face Value of Each Ticket/Pass $100.00
Date(s) 08 26 12
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Philharmonic
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>
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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 Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

B. Name of Individual
(Enter Full Name)
Number of Ticket(s)/Pass(es)

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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements
Avianna Uribe Ticket Adminstrator 9/11/12
Signature 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
Division, Department, or Region (if Applicable)
First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
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]
Event Description
CA Phil. - Beethoven & John Williams
Face Value of Each Ticket/Pass $ 100.00
Date(s) 08/26/12
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Los Angeles Philharmonic
If no:
If yes:
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
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>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Etc., Etc.)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
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</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 19644.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe       Ticket Administrator   3/11/12
Signature of Agency Head or Designee       Print Name       Title (Month, Day, Year)

Comment: