

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

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$	8.00
Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date(s)	08 / 23 / 12
Event Description: Concert at Hollywood Bowl <small>Provide Title/Explanation</small>		If no:	LA Philharmonic <small>Name of Source</small>
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>
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
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
American Cancer Society-Cancer Act. Network 6252-1/2 Bear Avenue, Bell, CA 90201	2	Per Ticket Policy 5.3 (i)
Non-Profit Organization.		

## 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	10/18/12 (Month, Day, Year)
---	-----------------------------	-------------------------------	--------------------------------

Comment: These two tickets were provided under ADA (American Disabilities Act).

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <span style="border: 1px solid black; padding: 2px;">          </span> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 8.00

Event Description Concert at Hollywood Bowl Date(s) 08 / 21 / 12   /   /    
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>
<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <span style="border: 1px solid black; height: 20px; width: 100%;"></span>
<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <span style="border: 1px solid black; height: 20px; width: 100%;"></span>
<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>
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
East Los Angeles Occupational Center 2100 Marengo St., Los Angeles, CA 90033 +	2	Per Ticket Policy 5.3 (i)
Non-Profit: Employment Training	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>

**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	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: These two tickets were provided under ADA (Americans Disability Act).



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California <b>802</b> Form For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: (Month, Day, Year)
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacos.org		

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

Face Value of Each Ticket/Pass \$

22.00

Event Description Concert at Hollywood Bowl  
Provide Title/Explanation

Date(s) 08 / 08 / 12

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Philharmonic  
Name of SourceWas 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
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
Arbol Verde Preservation Committee 462 Grinnell Dr. Unit D, Claremont, CA 91711 +	30	Per Ticket Policy 5.3 (i)
Non Profit Neighborhood Committee		

**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

10/18/12  
(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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	<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 ☒ No ☐

Face Value of Each Ticket/Pass \$ 22.00

Event Description   
Provide Title/ExplanationDate(s) 08 / 08 / 12   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:   
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<input type="text"/>	<input type="text"/>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<input type="text"/>	<input type="text"/>	<input type="text"/>
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
CARECEN 2845 West 7th St., LA, CA 90005	30	Per Ticket Policy 5.3 (i)
Non-Profit: Provides community with resources	<input type="text"/>	<input type="text"/>

**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	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:



# 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			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
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: <span style="border: 1px solid black; padding: 2px;">          </span> (Month, Day, Year)	

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$ <span style="border: 1px solid black; padding: 2px;">22.00</span>
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s) <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">12</span> <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span>
Event Description	<span style="border: 1px solid black; padding: 2px;">Concert at Hollywood Bowl</span> <small>Provide Title/Explanation</small>	If no: <span style="border: 1px solid black; padding: 2px;">LA Philharmonic</span> <small>Name of Source</small>
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes: <span style="border: 1px solid black; padding: 2px;">Supervisor Gloria Molina</span> <small>Official's Name (Last, First)</small>
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
<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>
<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <span style="border: 1px solid black; height: 20px; width: 100%;"></span>
<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	<span style="border: 1px solid black; height: 40px; width: 100%;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <span style="border: 1px solid black; height: 20px; width: 100%;"></span>
<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>
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
City of Commerce Senior Center 2555 Commerce Way, Commerce, CA 90040 +	30	Per Ticket Policy 5.3 (i)
Senior Center offering extracurricular activities.	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>	<span style="border: 1px solid black; height: 20px; width: 100%;"></span>

**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	<span style="border: 1px solid black; padding: 2px;">Avianna Uribe</span> Print Name	<span style="border: 1px solid black; padding: 2px;">Ticket Administrator</span> Title	<span style="border: 1px solid black; padding: 2px;">10/18/12</span> (Month, Day, Year)
---	---	---	--

Comment:

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

A Public Document

**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 ☐

Face Value of Each Ticket/Pass \$ 22.00

Event Description Concert at Hollywood Bowl  
Provide Title/Explanation

Date(s) 08/08/12

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

If no: LA 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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
El Centro Del Pueblo 1157 Lemoyne St., Los Angeles, CA 90026 +	30	Per Ticket Policy 5.3 (i)
Non-Profit: Provides extensive social services to low-income communities. +		

**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

10/18/12  
(Month, Day, Year)

Comment:



# 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			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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: Concert at Hollywood Bowl  
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 \$ 22.00

Date(s) 08 / 08 / 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

  

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
First Fundamental Church 12610 Maryvine Street, El Monte, CA 91732 +	30	Per Ticket Policy 5.3 (i)
Provides community services through youth and senior programs. +		

## 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: Avianna Uribe     
 Title: Ticket Administrator     
 Date: 10/18/12  
 (Month, Day, Year)

Comment:

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

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

Face Value of Each Ticket/Pass \$

22.00

Event Description Concert at Hollywood Bowl  
Provide Title/Explanation

Date(s) 08/08/12

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

  

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
Friends of City Terrace Library 4025 E. City Terrace Dr., Los Angeles, CA 90064	30	Per Ticket Policy 5.3 (i)
Volunteer support service.		

**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	10/18/11
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <span style="border: 1px solid black; padding: 2px;">          </span> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 22.00

Event Description Concert at Hollywood Bowl Date(s) 08 / 08 / 12   /   /    
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>
<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<span style="border: 1px solid black; height: 40px;"></span>	<span style="border: 1px solid black; height: 40px;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<span style="border: 1px solid black; height: 40px;"></span>	<span style="border: 1px solid black; height: 40px;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>
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
Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 +	30	Per Ticket Policy 5.3 (i)
Volunteer support service.	<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>

## 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.

	<span style="border: 1px solid black; padding: 2px;">Avianna Uribe</span>	<span style="border: 1px solid black; padding: 2px;">Ticket Administrator</span>	<span style="border: 1px solid black; padding: 2px;">10/18/12</span>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

# 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			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
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: <span style="border: 1px solid black; padding: 2px;">          </span> (Month, Day, Year)	

**2. Function or Event Information**

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

Event Description Concert at Hollywood Bowl  
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 \$ 22.00

Date(s) 08 / 08 / 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
<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; width: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>
<span style="border: 1px solid black; height: 20px;"></span>	<span style="border: 1px solid black; width: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>

  

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<span style="border: 1px solid black; height: 40px;"></span>	<span style="border: 1px solid black; width: 20px;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <span style="border: 1px solid black; height: 20px;"></span>
<span style="border: 1px solid black; height: 40px;"></span>	<span style="border: 1px solid black; width: 20px;"></span>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <span style="border: 1px solid black; height: 20px;"></span>

  

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
Friends of South El Monte Library 1430 N. Central Ave., S. El Monte, CA 91733 +	8	Per Ticket Policy 5.3 (i)
Volunteer support service.	<span style="border: 1px solid black; width: 20px;"></span>	<span style="border: 1px solid black; height: 20px;"></span>

**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	10/18/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California <b>802</b> Form For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacos.org		

**2. Function or Event Information**

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

Event Description: Concert at Hollywood Bowl  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 22.00

Date(s) 08 / 08 / 12

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

If no: LA 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.

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

  

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
Heritage Square Museum 3800 Homer Street, Los Angeles, CA 90031 +	16	Per Ticket Policy 5.3 (i)
Non-Profit: Historic Preservation		

## 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	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

**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@lacos.org

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$

22.00

Event Description Concert at Hollywood Bowl

Provide Title/Explanation

Date(s) 08/08/12

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

If no: LA 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.

**A.** Name of Agency, Department or UnitNumber of  
Ticket(s)/  
Pass(es)

Describe the public purpose made pursuant to the agency's policy

**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

Tessie Cleveland Community Services Corp.  
8019 S. Compton Ave., Los Angeles, CA 90001 +

30

Per Ticket Policy 5.3 (i)

Non-Profit: Mental Health center serving  
children from birth to 21 years of age. +**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

10/18/12

(Month, Day, Year)

Comment:



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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	<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 \$

21.00

Event Description   
Provide Title/Explanation

Date(s) 08 / 21 / 12

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: 

Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

  

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

  

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
East Los Angeles Occupational Center 2100 Marengo St., Los Angeles, CA 90033	28	Per Ticket Policy 5.3 (i)
Non-Profit: Employment Training	<input type="text"/>	<input type="text"/>

**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	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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	<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 \$ <input type="text" value="21.00"/>
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s) <input type="text" value="08"/> <input type="text" value="21"/> <input type="text" value="12"/>
Event Description	<input type="text" value="Concert at Hollywood Bowl"/> <i>Provide Title/Explanation</i>	If no: <input type="text" value="LA Philharmonic"/> <i>Name of Source</i>
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes: <input type="text" value="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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<input type="text"/>	<input type="text"/>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<input type="text"/>	<input type="text"/>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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
Friends of East Los Angeles Library 4837 E. Third St., Los Angeles, CA 90022	30	Per Ticket Policy 5.3 (i)
Volunteer support services.	<input type="text"/>	<input type="text"/>

**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	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:



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

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$	21.00
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s)	08 / 21 / 12
Event Description	Concert at Hollywood Bowl	If no:	LA Philharmonic
	Provide Title/Explanation		Name of Source
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
	Was ticket distribution made at the behest of agency official?		Official's Name (Last, First)
	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
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
Hope Through Housing Foundation 9065 Haven Ave #100, Rancho Cucamonga, CA	30	Per Ticket Policy 5.3 (i)
Non-Profit: Early Childhood, Youth Development and Senior Wellness services.		

## 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	10/18/12 (Month, Day, Year)
---	-----------------------------	-------------------------------	--------------------------------

Comment:

# 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			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
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 \$	21.00
Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date(s)	08 / 21 / 12
Event Description: Concert at Hollywood Bowl <small>Provide Title/Explanation</small>		If no:	LA Philharmonic <small>Name of Source</small>
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>
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
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 <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Huntington Park - Parks and Recreation 3401 E. Florence Ave., Huntington Park, CA	45	Per Ticket Policy 5.3 (i)
Youth and Senior Club.		

**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

10/18/12  
(Month, Day, Year)

Comment:



# 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 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			
<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 21.00
Event Description Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s) 08 / 23 / 12
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: LA Philharmonic <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
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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
American Cancer Society-Cancer Act. Network 6252-1/2 Bear Avenue, Bell, CA 90201	32	Per Ticket Policy 5.3 (i)
Non-Profit Organization.		

**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	10/18/12 (Month, Day, Year)
---	-----------------------------	-------------------------------	--------------------------------

Comment: