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
Face Value of Each Ticket/Pass $8.00
Date (s) 08 23 12
Amendment (Must provide explanation in Part 3.)

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description Concert at Hollywood Bowl

Ticket(s)/Pass(es) provided by agency? Yes No
Name of Source LA Philharmonic
Was ticket distribution made at the behest of agency official? No Yes
Name of Official 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 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
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 10944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee Avianna Uribe Ticket Administrator
Print Name Title (Month, Day, Year)

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

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 02
   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: $8.00
   Event Description: Concert at Hollywood Bowl
   Date(s): 08 21 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   Name of Source: Supervisor Gloria Molina
   If yes: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐

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></td>
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<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Los Angeles Occupational Center 2100 Marengo St., Los Angeles, CA 90033</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Non-Profit: Employment Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   Comment: These two tickets were provided under ADA (Americans Disability Act).

   FPPC Form 02 (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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass $**: 22.00
- **Event Description**: Concert at Hollywood Bowl
  - **Provide Title/Explanation**
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]

### 3. Recipients
- **Use Section A to identify the agency's department or unit.**
- **Use Section B to identify an individual.**
- **Use Section C to identify an outside organization.**

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

#### B. Name of Individual
- Number of Ticket(s)/Pass(es)
- Identify one of the following:
  - **Ceremonial Role**
  - **Other**
  - **Income**
- If checking "Ceremonial Role" or "Other" describe below:

#### C. Name of Outside Organization
- Number of Ticket(s)/Pass(es)
- Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbol Verde Preservation Committee</td>
<td>30</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
</tbody>
</table>

### 4. Verification
- I have read and understood FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above is in accordance with the requirements.

- **Signature of Agency Head or Designee**: Avianna Uribe
- **Print Name**: Ticket Administrator

- **Date of Original Filing**: (Month, Day, Year)

- **Comment**: 

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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@lacbos.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
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 ☐ 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:
CARECEN
2845 West 7th St., LA, CA 90005  ☒ 30  Per Ticket Policy 5.3 (l)
Non-Profit: Provides community with resources ☒

4. Verification
I have read and understand FPPC Regulations 19644.1 and 19947. 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

FPPC Form 802 (4/12)
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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
Face Value of Each Ticket/Pass $22.00
Event Description Concert at Hollywood Bowl
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

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
City of Commerce Senior Center 2555 Commerce Way, Commerce, CA 90040 ☐ 30 Per Ticket Policy 5.3 (i)

Senior Center offering extracurricular activities.

4. Verification
I have read and understand FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator
Print Name Title
(213) 974-4111 Molina@lacbos.org

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 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@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 $ 22.00
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 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.

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<tr>
<th>Name of Agency, Department or Unit</th>
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<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
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</table>

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<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>El Centro Del Pueblo 1157 Lomoyne St., Los Angeles, CA 90026</td>
<td>30</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Non-Profit: Provides extensive social services to low-income communities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator 07/18/12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

   **A Public Document**

   **For Official Use Only**

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $**
     - 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 [x]

   **Name of Source**
   - LA Philharmonic

   **If 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.*

   **A. Name of Agency, Department or Unit**
   - [Blank]

   **Number of Ticket(s)/Pass(es)**
   - [Blank]

   **Describe the public purpose made pursuant to the agency’s policy**
   - [Blank]

   **B. Name of Individual**
   - [Last, First]

   **Number of Ticket(s)/Pass(es)**
   - [Blank]

   **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)**
   - [Blank]

   **Describe the public purpose made pursuant to the agency’s policy**
   - [Blank]

   **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 19644.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   - [Signature]

   **Print Name**
   - Avianna Uribe

   **Title**
   - Ticket Administrator

   **Date**
   - 10/18/

   **Comment:**
   - [Blank]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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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
Amendment (Must provide explanation in Part 2)

Date of Original Filing

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $22.00
Event Description: Concert at Hollywood Bowl
Date(s): 08 08 12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
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
(City, State) Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role [x] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

B. 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 90063
30 Per Ticket Policy 5.3 (i)
Volunteer support service.

4. Verification
I have read and understand FPPC Regulations 19641 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
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Ceremonial Role Events and Ticket/Pass Distributions

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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 ☑ No ☐

Event Description: Concert at Hollywood Bowl

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: Supervisor Gloria Molina

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

**C.** Name of Outside Organization (include address and description)
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<tr>
<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>Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640</td>
<td>30 Per Ticket Policy 5.3 (i)</td>
</tr>
</tbody>
</table>

Volunteer support service.

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

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  
Desiganted 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 [X] No  
Face Value of Each Ticket/Pass $22.00  
Event Description  
Concert at Hollywood Bowl  
Date(s)  
08 08 12  
Ticket(s)/Pass(es) provided by agency?  
Yes [X] No  
If no: LA Philharmonic  
Name of Source  
Was ticket distribution made at the behest of agency official?  
No [X] 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 [X] 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

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.

4. Verification  
I have read and understand FPPC Regulations 18964.1 and 18947. 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

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, Phone, E-mail)
Avianna Uribe, Ticket Administrator
(213) 974-4111 Molina@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $22.00
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

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.

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<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>
<tbody>
<tr>
<td>Heritage Square Museum 3800 Homer Street, Los Angeles, CA 90031</td>
<td>16</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Non-Profit: Historic Preservation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator 10/8/12
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@lacbos.org

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 2)
Date of Original Filing

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] 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 [x]
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 (Date, Year) 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 [10/18/13]

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@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 [X]
Face Value of Each Ticket/Pass $21.00
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
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) Describe the public purpose made pursuant to the agency’s policy

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $21.00
   Event Description Concert at Hollywood Bowl
   Date(s) 08/21/12
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   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 ☐ 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

   Friends of East Los Angeles Library
   4837 E. Third St., Los Angeles, CA 90022
   30 Per Ticket Policy 5.3 (i)
   Volunteer support services.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Print Name
   Title
   Date (Month, Day, Year) 10/18/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 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

#### 2. Function or Event Information

**Does the agency have a ticket policy?**
Yes [x] No [ ]

**Face Value of Each Ticket/Pass**
$21.00

**Event Description**
Concert at Hollywood Bowl

**Date(s)**
08/21/12

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

**If no:** LA Philharmonic

**Name of Source**
Supervisor Gloria Molina

**Was ticket distribution made at the behest of agency official?**
No [x] 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.

<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>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role [ ] Other [ ] Income [ ]</th>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>
<tbody>
<tr>
<td>Hope Through Housing Foundation 9065 Haven Ave #100, Rancho Cucamonga, CA</td>
<td>30</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Non-Profit: Early Childhood, Youth Development and Senior Wellness services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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**

**Date (Month, Day, Year)**
10/18/13

**Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors
   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]
   Face Value of Each Ticket/Pass $21.00
   Event Description: Concert at Hollywood Bowl
   Date(s) 08/21/12
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: LA Philharmonic
   Name of Source
   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 [ ] 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
      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 Print Name Title
   Avianna Uribe Ticket Administrator 10/18/12

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

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 Concert at Hollywood Bowl
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

Face Value of Each Ticket/Pass $21.00
Date(s) 08/23/12

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td></td>
<td></td>
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<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>
<tbody>
<tr>
<td>American Cancer Society-Cancer Act. Network 6252-1/2 Bear Avenue, Bell, CA 90201</td>
<td>32</td>
<td>Per Ticket Policy 5.3 (l)</td>
</tr>
<tr>
<td>Non-Profit Organization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18941 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Avianna Uribe
Ticket Administrator
10/18/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)