| Agency Report of: Ceremonial Role Events and Ticl | ket/Pass | Distributions | | A Public Document |
|--|---|--|--|--|
| 1. Agency Name | | | Date Stamp | California Q02 |
| Los Angeles County Board of Supervisors | | | | Form OUZ |
| Division, Department, or Region (If Applicable) | | | | For Official Use Only |
| First District | | | | |
| Designated Agency Contact (Name, Title) | Designated Agency Contact (Name, Title) | | | |
| Avianna Uribe, Ticket Administrator | | | - | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | rovide explanation in Part 3.) |
| (213) 974-4111 Molina@lack | os.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | <u> </u> | 8 | .00 |
| Does the agency have a ticket policy? | Yes 🔼 No | | of Each Ticket/Pass \$ | |
| Event Description Concert at Hollywood Bo | | Date(s) 08 | , 23 , 12 | |
| Provide Title/Expla | <u> </u> | LA Phi | ilharmonic | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | If no: □ | Name of Sou | Irce |
| Was ticket distribution made at the behest of agency official? | No Yes | If yes: Supe | rvisor Gloria Molina Official's Name (L | ast, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or u | | ction B to identify an Individu | | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | | lic purpose made pursuant | |
| | F 485(04) | | The second second second | - Walker Control of the Control of t |
| | | | | |
| | | | | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the followi | ng: |
| | Pass(es) | Ceremonial Role | Other | Income 🗖 |
| | | | al Role" or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | Other | Income |
| | | SOM WYSOURGEBEED VANIESSE ONDER CONTROL OF | ial Role" or "Other" describe below: | income |
| | | | | |
| | | | | Secretary to the second |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant | to the agency's policy |
| | rass(es) | | | |
| American Cancer Society-Cancer Act. Network 6252-1/2 Bear Avenue, Bell, CA 90201 | 2 | Per Ticket Policy 5.3 (i) | | |
| 6252 172 Bedi 7Welldey Selly extyse261 | | | | |
| Non-Profit Organization. | | • | | |
| . Verification | | | | |
| I have read and understand FPPC Regulations 18944.1 and | | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | a Uribe | | t Administrator | 10/18/17 |
| Signature of Agency Head or Designee | Print Name | | Title | (Month, Day, Year) |
| Comment: These two tickets were provided | d under AD | A (American Disabiliti | es Act). | |

Agency Report of:

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
|---|-------------------------------------|--|--|-------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| Los Angeles County Board of Supervisors | | | | Form OUZ |
| Division, Department, or Region (If Applicable |) | | - | For Official Use Only |
| First District | | | 1 | |
| Designated Agency Contact (Name, Title) | | | 1 | |
| Avianna Uribe, Ticket Administrator | Avianna Uribe, Ticket Administrator | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must pr | ovide explanation in Part 3.) |
| (213) 974-4111 Molina@lack | oos.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | | |
| Does the agency have a ticket policy? | Yes No | Face Value of | of Each Ticket/Pass \$ ^{8.} | .00 |
| Event Description Concert at Hollywood B | W. T. SAVAGE | Date(s) 08 | ,21 ,12 | |
| Provide Title/Expla | | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | If no: LA Ph | ilharmonic Name of Sou | Irce |
| Was ticket distribution made at the behest of agency official? | No Yes | If yes: Supe | rvisor Gloria Molina Official's Name (L | ast, First) |
| 3. Recipients | | | | The second states |
| Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency and the section A to identify the agency at the agency | ınit. • Use Se | ction B to identify an Individu | ual. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant i | to the agency's policy |
| | 100(00) | | | |
| | | | | |
| | | | | |
| | Number of | The surface of the same of | tive of the second second | |
| B. Name of Individual (Lest First) | Ticket(s)/ Pass(es) | | Identify one of the following | ng: |
| | | Ceremonial Role | Other | Income 🗖 |
| | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | Other - | Income |
| | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| C. Name of Outside Organization | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| (include address and description) | Pass(es). | | | atino agono, o pono, |
| East Los Angeles Occupational Center | 2 | Day Tielest Delieu (5.3 (i) | | |
| 2100 Marengo St., Los Angeles, CA 90033 | 2 | Per Ticket Policy 5.3 (i) | | |
| Non-Profit: Employment Training | | | | |
| . Verification | | μ | | |
| I have read and understand FPPC Regulations 18944.1 and | 18942. I have ve | erified that the distribution set fo | orth above, is in accordance with | the requirements. |
| Aviann | a Uribe | Ticke | t Administrator | 10/18 /12 |
| Signature of Agency Head or Designee | Print Nam | De . | Title | (Month, Day, Year) |
| These two tickets were provide | d under AD | A (Americans Disabili | ty Act). | |
| Comment: | - | | | |

| Agency Name Los Angeles County Board of Supervisors | Date Stamp California Form 802 |
|--|--|
| Los Angeles County Board of Supervisors | Form OOZ |
| Los Angeles County Board of Supervisors | |
| Division, Department, or Region (If Applicable) | For Official Use Only |
| First District | 7 |
| Designated Agency Contact (Name, Title) | - |
| Avianna Uribe, Ticket Administrator | 7 |
| Area Code/Phone Number | Amendment (Must provide explanation in Part 3.) |
| (213) 974-4111 Molina@lacbos.org | Date of Original Filing: (Month, Day, Year) |
| 2. Function or Event Information | |
| Does the agency have a ticket policy? Yes No ☐ Face Value | e of Each Ticket/Pass \$ |
| Concort at Hollywood Powl | ,08 ,12 |
| Event Description Concert at Hollywood Bowl Date(s) | |
| Ticket(s)/Pass(es) provided by agency? Yes No If no: LA P | Philharmonic |
| | Name of Source |
| Was ticket distribution made at the behest No Yes If yes: Sur of agency official? | pervisor Gloria Molina Official's Name (Last, First) |
| | Onida's Name (Last, First) |
| Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an indivious | idual allas Castias Chaidaudia as ashaida assasiada |
| Number of | Andrew of the paper, the country of the property of the paper. |
| A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the p | ublic purpose made pursuant to the agency's policy |
| | |
| | |
| | |
| | |
| B. Name of Individual Number of Ticket(s)/ | Identify one of the following: |
| (Lest, First) Pass(es) | |
| Ceremonial Role | e Other Income In |
| in circumity district | ional role of Gardy describe paper. |
| | |
| Ceremonial Role | Other Income |
| If checking "Cerem | nonial Role" or "Other" describe below; |
| | |
| Number of Cutaids Objectivelies Number of | |
| | ublic purpose made pursuant to the agency's policy |
| | Park (a. starou) has her at his publication of a publication of the second |
| Arbol Verde Preservation Committee 462 Grippell Dr. Unit D. Clarement CA 91711 | (i) |
| 462 Grinnell Dr. Unit D, Claremont, CA 91711 | |
| Non Profit Neighborhood Committee | |
| | |
| . Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution se | it forth shows is in accordance with the section |
| // / | ket Administrator |
| Signature of Agency Head or Designee Print Name | 10/18/10 |
| Signature Print Mattie | Title (Month, Day Year) |
| Comment: | |

| J | eremoniai Role Eveni | s and no | Neur ass | Distributions | | A Public Document |
|-----|--|--------------------|-------------------------|---------------------------------------|--------------------------------------|-------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Los Angeles County Board of | f Supervisors | | | | Form OUZ |
| | Division, Department, or Regi | on (If Applicable | | For Official Use Only | | |
| | Fixet District | | 1 | | | |
| | First District Designated Agency Contact (I | Nama Titla) | | | Į. | |
| | | | | | | |
| | Avianna Uribe, Ticket Admin | istrator | | | Amendment (Must pr | ovide explanation in Part 3) |
| 1 | | E-mail | | | i – i | OVICE CASICITATION IN PART OF |
| | (213) 974-4111 | Molina@lac | bos.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Inform | nation | | | | 1 |
| | Does the agency have a ticket | policy? | Yes No | Face Value of | of Each Ticket/Pass \$ 🗠 | 2.00 |
| | Concert at | Hollywood B | | 08 | ,08 ,12 | |
| | Event Description Concert at | Provide Title/Expl | - | Date(s) | | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes□ No | If no: LA Ph | ilharmonic | |
| | Tieket(s)// ass(cs) provided by | agency: | res I No | 11 110. | Name of Sou | rce |
| | Was ticket distribution made at | t the behest | No Yes | If yes: Super | ervisor Gloria Molina | |
| | of agency official? | | | | Official's Name (L | ast, First) |
| 3. | Recipients | | | | <u> </u> | |
| | • Use Section A to identify the agency | 's department or | unit. • Use Se | ction B to identify an Individu | ual. • Use Section C to identi | fy an outside organization. |
| | A. Name of Agency, Departmen | nt or Unit | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant i | to the agency's policy |
| | | | Pass(es) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Land the second of the second | | Number of | | *** | |
| | B. Name of Individual | | Number of Ticket(s)/ | | Identify one of the following | ng: |
| | The state of the s | | Pass(es) | | | |
| | | | | Ceremonial Role | ial Role" or "Other" describe below: | Income 🛄 |
| | | | | | | |
| | | | | | | |
| | | | | Ceremonial Role | Other | income |
| | | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | | |
| | | | | | | |
| | C. Name of Outside Organi. | | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | (include address and desc | ription) | Pass(es) | | | outile agency o policy |
| | CARECEN | | | | | |
| | 2845 West 7th St., LA, CA 90005 | 6 | 30 | Per Ticket Policy 5.3 (i) | | |
| | | | 1 | | | |
| - 1 | Non-Profit: Provides community resources | with + | | | | |
| | Verification | + | Щ | J | | |
| | I have read and understand FPPC Regula | ations 18944.1 and | 18942. I have ve | erified that the distribution set for | orth above, is in accordance with | the requirements |
| | | | na Uribe | | t Administrator | 11/19/12 |
| | Signature of Agency Head or Designee | | Print Nam | | Title | (Month, Day, Year) |
| | Signature of Agundy Fredu of Designee | | Fillit ivall | ··· | Inte | (мопіп, иву, Year) |
| | Comment: | | | | | |

| Ceremonial Role Events and Tick | cet/Pass | Distributions | | A Public Documen |
|--|--|---------------------------|--------------------------------------|----------------------------------|
| I. Agency Name | | | Date Stamp | California 802 |
| Los Angeles County Board of Supervisors | | | | Form 002 |
| Division, Department, or Region (If Applicable) | | | | For Official Use Only |
| First District | | | 1 | |
| Designated Agency Contact (Name, Title) | | * | 1 | |
| Avianna Uribe, Ticket Administrator | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | rovide explanation in Part 3.) |
| (213) 974-4111 Molina@lacb | os.org | | Date of Original Filing: | (Month, Day, Year) |
| . Function or Event Information | 1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010-0-1010- | | | |
| | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | 2.00 |
| Community of the Commun | | 08 | ,08 12 | |
| Event Description Concert at Hollywood Bo | the state of the s | Date(s) | | |
| Ticket(s)/Pass(es) provided by agency? | Yes□ No | If no: LA Ph | ilharmonic | |
| rishet(s),r ass(ss, prenasa s, agens, . | IESE INO | _ | Name of So | urce |
| | No Yes | If yes: Supe | ervisor Gloria Molina | |
| of agency official? | | | Official's Name (| Last, First) |
| . Recipients | | | | |
| Use Section A to identify the agency's department or u | nit. • Use Se Number of | | ual. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | rass(es) | | | Valvas da saprija e- sa sa sa sa |
| | | | | |
| | | | | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | | |
| (Lest, First) | Pass(es) | | Identify one of the follow | ng: |
| | | Ceremonial Role | Other | Income |
| | | if checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | Other | Income |
| | | if checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| (morade address and description) | Pass(es) | | | |
| City of Commerce Senior Center | 30 | Per Ticket Policy 5.3 (i) | *** | |
| 2555 Commerce Way, Commerce, CA 90040 🛨 | | Ter Hekeer oney 5.5 (i) | | |
| | | | | |
| Senior Center offering extracurricular activities. | | | | |
| Verification | | | | |
| I have read and understand FPPC Regulations 18944.1 and 1 | | Section 19 | 200 W 200 W | h the requirements. |
| Avianna | | | t Administrator | 10/18/17 |
| Signature of Agency Head or Designee | Print Nan | ne | Title | (Month, Day, Year) |
| Comment: | | | | |
| | The second second | | | |

| Agency Report of: Ceremonial Role Events and Tick | cet/Pass | Distributions | | A Public Document |
|---|---|--|---|---------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| Los Angeles County Board of Supervisors | | | | Form OUZ |
| Division, Department, or Region (If Applicable) | Division, Department, or Region (If Applicable) | | | For Official Use Only |
| First District Designated Agency Contact (Name, Title) | | | | |
| | | | | |
| Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail | | | Amendment (Must) | provide explanation in Part 3.) |
| (213) 974-4111 Molina@lacb | os.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | ľ | |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value o | of Each Ticket/Pass \$ | 22.00 |
| Event Description Concert at Hollywood Bo | owl | Date(s) 08 | ,08 ,12 | |
| | Yes No | ⋉ If no: LA Ph | ilharmonic Name of Sc | ource |
| Was ticket distribution made at the behest of agency official? | No 🔲 Yes | If yes: Supe | rvisor Gloria Molina Official's Name (| Last, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or u | | ction B to identify an Individu | ual. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuan | to the agency's policy |
| | Pass(es) | | | Albania da albania da albania |
| | | | | |
| | | | | |
| | | | | |
| B. Name of Individual (Lest, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | lng: |
| | | Ceremonial Role If checking "Ceremon. | Other island Role" or "Other" describe below: | Income 🗖 |
| | | Ceremonial Role | Other | |
| | | | ial Role" or "Other" describe below; | income |
| C. Name of Outside Organization | Number of : | | lic purpose made pursuant | |
| (Include address and description) | Ticket(s)/ Pass(es) | | iic purpose made pursuant | |
| 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. | | | , | |
| l. Verification | <u> </u> | | | |
| I have read and understand FPPC Regulations 18944.1 and 1 | | rified that the distribution set fo | orth above, is in accordance wi | th the requirements. |
| Signature of Agency Head or Designee | a Uribe Print Nam | | t Administrator | 10/18//- (Mofith, Day, Year) |
| Comment: | | | | |

| _ | eremonial Noie Events | s and no | Keul ass | Distributions | | A Public Document |
|----|--|--------------------------|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Los Angeles County Board of | Supervisors | | | | FOIII - |
| | Division, Department, or Regio | n (If Applicable | 9) | | | For Official Use Only |
| | First District | | | | | N |
| | Designated Agency Contact (N | ame, Title) | | | | |
| | Avianna Uribe, Ticket Administrator | | | | . | |
| | Area Code/Phone Number | -mail | | | Amendment (Must p | ovide explanation in Part 3.) |
| , | (213) 974-4111 | Molina@lac | bos.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Inform | ation | | | 2- | 2.00 |
| | Does the agency have a ticket | policy? | Yes⊠ No | Face Value o | f Each Ticket/Pass \$ | 2.00 |
| | Eveni Description | Hollywood B | | Date(s) 08 | ,08 ,12 | |
| | | Provide Title/Expl | anation | | ilharmonic | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes No | ⊠ If no: | Name of Sou | urce |
| | Was ticket distribution made at | the behest | No□ Yes | ⊠ If yes: Supe | rvisor Gloria Molina | |
| | of agency official? | | NO E TES | ii yes. | Official's Name (L | ast, First) |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agency's | department or | | | | - |
| | A. Name of Agency, Department | or Unit | Number of Ticket(s)/ Pass(es) | | lic purpose made pursuant | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ | | Identify one of the following | ng: |
| | | | Pass(es) | Ceremonial Role | Other | Income 🗖 |
| | | | | E SONORY FOR SAME | ial Role" or "Other" describe below: | income |
| | | | | | | |
| | | | | Ceremonial Role | Other 🗖 | Income |
| | | | | | ial Role" or "Other" describe below: | income |
| | | | | | | |
| | in the metalogy places were | Na La Sancia. | Number of | | en no ampliar per o desperar | ancezegi işili ili ili ili ili ili |
| | C. Name of Outside Organiza (include address and descr | | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant i | o the agency's policy |
| | | | | | | 1 |
| | First Fundamental Church 12610 Maryvine Street, El Monte, | CA 91732 | 30 | Per Ticket Policy 5.3 (i) | | |
| 1 | | | | | | |
| | Provides community services thro and senior programs. | ough youth | | | | |
| - | Verification / | | au | | | |
| | I have read and understand FPPC Regulati | ions 18 <u>944.1 and</u> | 1 18942. I have ve | erified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | | Aviani | na Uribe | Ticke | t Administrator | 10/18/ |
| | Signature of Agency Head or Designee | | Print Narr | ne - | Title | (Month, Day, Year) |
| | Comment: | | | | | |

| Ceremonial Role Events and Ticket/Pass | Distributions A Public Document |
|--|--|
| 1. Agency Name | Date Stamp California 802 |
| Los Angeles County Board of Supervisors | POINT 00- |
| Division, Department, or Region (If Applicable) | For Official Use Only |
| First District | |
| Designated Agency Contact (Name, Title) | |
| Avianna Uribe, Ticket Administrator | |
| Area Code/Phone Number E-mail | Amendment (Must provide explanation in Part 3.) |
| (213) 974-4111 Molina@lacbos.org | Date of Original Filing: (Month, Day, Year) |
| 2. Function or Event Information | 22.00 |
| Does the agency have a ticket policy? Yes No | Face Value of Each Ticket/Pass \$ |
| Event Description Concert at Hollywood Bowl | 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 No Yes of agency official? | If yes: Supervisor Gloria Molina Official's Name (Last, First) |
| 3. Recipients | |
| | ction 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)/ (Lest, First) Pass(es) | identify one of the following: |
| | Ceremonial Role Other Income 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 Number of Ticket(s)/ (include address and description) 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 9006 | Per Ticket Policy 5.3 (i) |
| Volunteer support service. | |
| Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have very Avianna Uribe Signature of Agency Head or Designee Print Nam | erified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator Title (Month, Day, Year) |
| Comment: | ,, sey very |

| 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 | Ceremonial Role Events and Ticl | ket/Pass | Distributions | | A Public Document |
|---|--|---------------|---|-------------------------------------|--|
| Division, Department, or Region (# Applicable) First District Designated Agency Contact (Name, Trite) Avianan Uribe, Ticket Administrator Area Code/Phone Number E-mail | 1. Agency Name | | | Date Stamp | California 802 |
| First District Designated Agency Contact (Name, Tate) Avana Order Description First District Area Code/Phone Number E-mail | Los Angeles County Board of Supervisors | | | | |
| Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number [213) 974-4111 Molina@lacbos.org Face Value of Each Ticket/Pass \$ 22.00 Dest the agency have a ticket policy? Yes No Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Provide Title Explanation Was ticket distribution made at the behest No Yes No Provide Title Explanation Was ticket distribution made at the behest No Yes No Provide Title Explanation Was ticket distribution made at the behest No Yes No Provide Title Explanation Was ticket distribution made at the behest No Provide Title Explanation Was ticket distribution made at the behest No Provide Title Explanation Was ticket distribution to made at the behest No Provide Title Explanation Was ticket distribution to made at the behest No Provide Title Explanation Official's Name (Lest, First) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Ride Other Income Inc | Division, Department, or Region (If Applicable, | | For Official Use Only | | |
| Avianna Uribe, Ticket Administrator Area Code/Phone Number | First District | | | | |
| Area Code/Phone Number E-mail | | | | | |
| Area Code/Phone Number E-mail | Avianna Uribe, Ticket Administrator | | | | |
| Date of Original Filing: (Month, Day, Year) | | | | Amendment (Must p | rovide explanation in Part 3.) |
| Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Event Description Concert at Hollywood Bowl Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Recipients * Use Section 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) B. Name of Individual Number of Ticket(s)/ Pass(es) Ceremonial Role Other Information Income If checking Toermonial Role Other Information Ceremonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Other Information Income If checking Toermonial Role Information Income If checking Information Income | | oos.org | | Date of Original Filing: | (Month. Day, Year) |
| Event Description Concert at Hollywood Bowl Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Philharmonic Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Philharmonic Was ticket distribution made at the behest of agency official? Recipients • Use Section Molina • If yes: Supervisor Gloria Molina • Official Name of Source Fyes: Supervisor Gloria Molina | 2. Function or Event Information | (m. Harrison, | | | |
| Event Description Concert at Hollywood Bowl Provide TitleExplaination Ticket(s)/Pass(es) provided by agency? Yes No Section 1 fino: Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? No Yes Section 1 fino: No Hest Supervisor Gloria Molina Official's Name (Last, First) Recipients * Use Section 4 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. * Use Section B to identify an Individual. * Use Section C to identify an outside organization. Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or "Other describe below. C. Name of Outside Organization (Income if checking "Chemical Role" or " | Does the agency have a ticket policy? | Yes No | Face Value o | f Each Ticket/Pass \$ | 2.00 |
| Ticket(s)/Pass(es) provided by agency? Yes No Inchest (s)/Pass(es) provided by agency? Yes No Inchest (s)/Pass(es) provided by agency? Yes No Inchest (s)/Pass(es) If yes: Supervisor Gloria Molina Official? Recipients • Use Section B to identify an individual. • 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) B. Name of Individual (use, frai) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income Inchest(s)/Pass(es) Priends of Montebello Regional Library (include address and description) Friends of Montebello Regional Library (1550 W. Beverly Blvd., Montebello, CA 90640 3 30) Per Ticket Policy 5.3 (i) Volunteer support service. Verification I have verified that the distription set forth above, is in accordance with the requirements. Ticket Administrator | Concert at Hollywood P. | | 08 | ,08 ,12 | |
| Was ticket distribution made at the behest of agency official? No Yes Ino Yes Imperior Supervisor Gloria Molina Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Ceremonial Role Other Income If checking "Ceremonial Role" or 'Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or 'Other" describe below: Ceremonial Role Other Income If checking "Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency set public purpose made pursuant to the agency set public purpose made pursuant to the agency set public purpose | L VEH DESCRIPTION | | Date(s) | | |
| Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of A. Name of Agency, Department or Unit. Number of Ticket(s)' Tecet(s)' | Ticket(s)/Pass(es) provided by agency? | Vac No | If no: LA Phi | lharmonic | |
| Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s): Pass(es) B. Name of Individual (Leat, First) Number of Ticket(s): Pass(es) Ceremonial Role (Individual Ceremonial Role (Individual Ceremonial Role (Individual Ceremonial Role (Individual Ceremonial Role)): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Individual Ceremonial Role): Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role (Indiv | rional(a), r daa(aa) prandad by dganay . | Tes NO | | E-1 | urce |
| **Ses 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 | | No 🔲 Yes | If yes: Supe | | 1 5:-0 |
| 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. | or agency official? | | | Omclar's Name (I | ast, First) |
| A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) | 3. Recipients | | | | |
| B. Name of Individual Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Income Income Inchedity Other Other of Other Other Other Other Other Other Other Income In | The state of the s | | 2 * * 138 A * 178 A * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * | And and the property of the second | The late of the la |
| B. Name of Individual Number of Ticket(s)! Identify one of the following: Income If checking "Geremonial Role Other Income I | A. Name of Agency, Department or Unit | Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| Ticket(s)/ Pass(es) Ceremonial Role Other Income | | | | | |
| Ticket(s)/ Pass(es) Ceremonial Role Other Income | | | | | |
| Ticket(s)/ Pass(es) Ceremonial Role Other Income | | | | | |
| Ticket(s)/ Pass(es) Ceremonial Role Other Income | | | | | |
| Ceremonial Role Other Income Ceremonial Role Other Income Inc | R Name of Individual | | CHEST STATES | | |
| Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Ot | | | | identity one of the followi | ng: |
| Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Pass(es) Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. Verification I have read and understand RPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe Ticket Administrator | | | 434356 0.03146 VATORS CO. 230500 15 | | Income |
| C. Name of Outside Organization (include address and description) Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. Verification I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe II checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Ticket Administrator | | | If checking "Ceremoni | al Role" or "Other" describe below: | |
| C. Name of Outside Organization (include address and description) Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. Verification I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe II checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Ticket Administrator | | | | | |
| C. Name of Outside Organization (include address and description) Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. Verification I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe II checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Per Ticket Policy 5.3 (i) Ticket Administrator | | | Ceremonial Role | Other | Income |
| Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. 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 10/18/13 | | | | - A PROMOTE L | |
| Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. 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 10/18/13 | | | | | |
| Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 Volunteer support service. 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 10/18/13 | | | | ar and a | |
| Friends of Montebello Regional Library 1550 W. Beverly Blvd., Montebello, CA 90640 30 Per Ticket Policy 5.3 (i) Volunteer support service. 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 | | Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| Volunteer support service. 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 | (include address and description) | Pass(es) | | | |
| Volunteer support service. 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 10/18/13 | | 30 | Por Ticket Policy 5 2 (i) | | |
| Verification I have read and understand FIPPC 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 | 1550 W. Beverly Blvd., Montebello, CA 90640 🛨 | 30 | Per ficket Policy 5.5 (I) | | |
| Verification I have read and understand FIPPC 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 | | | | | |
| I have read and understand PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Avianna Uribe Ticket Administrator 70/18//2 | volunteer support service. | | | | |
| Avianna Uribe Ticket Administrator 19/18/13 | | | | | |
| 797877 | | | | | h the requirements. |
| Signature of Agency Head or Designee Print Name Title (Menth, Day, Year) | | | | | 19/18/12 |
| × | Signature of Agency Head or Designee | Print Nam | e e | Title | (Month, Day, Year) |
| Comment: | Comment | | | | |

| Ceremonial Role Events and Ticket/Pass Dis | stributions A Public Document |
|---|--|
| 1. Agency Name | Date Stamp California 802 |
| Los Angeles County Board of Supervisors | TOITH |
| Division, Department, or Region (If Applicable) | For Official Use Only |
| First District | |
| Designated Agency Contact (Name, Title) | |
| Avianna Uribe, Ticket Administrator | |
| Area Code/Phone Number E-mail | Amendment (Must provide explanation in Part 3.) |
| (213) 974-4111 Molina@lacbos.org | 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 \$ |
| Consert at Hellingerd Payel | 08 08 12 |
| Event Description Concert at Honywood Bowl Provide Title/Explanation | Date(s) |
| Ticket(s)/Pass(es) provided by agency? Yes No ■ | If no: LA Philharmonic |
| Haver(e), accept blesses by against 1 les 1 Note | Name of Source |
| Was ticket distribution made at the behest No ☐ Yes ☑ | If yes: |
| of agency official? | Official's Name (Last, First) |
| . Recipients | |
| Use Section A to identify the agency's department or unit. | to identify an Individual. • Use Section C to identify an outside organization. |
| A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| rabs(es) | A CONTROL OF MARKET CONTROL OF THE C |
| | |
| | |
| | |
| B. Name of Individual Number of Ticket(s) | |
| Clest, First) Ticket(s)/ Pass(es) | Identify one of the following: |
| | Ceremonial Role Other Income Income |
| | If checking "Ceremonial Role" or "Other" describe below: |
| | |
| | Ceremonial Role Other Income |
| | Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | |
| | |
| C. Name of Outside Organization Number of Ticket(s)/ | Describe the public purpose made pursuant to the agency's policy |
| (include address and description) licket(s)/ Pass(es) | |
| Friends of South El Monte Library | C 10 50 0 |
| 1430 N. Central Ave., S. El Monte, CA 91733 | Ficket Policy 5.3 (i) |
| | |
| Volunteer support service. | |
| . Verification | |
| I have read and understand FPPC Regulations 18944.1 and 18942. I have verified to | |
| Avianna Uribe | Ticket Administrator 10/18//2 |
| Signature of Agency Head or Designee Print Name | Title (Month, Day, Year) |
| Comments | |
| Comment: | |

| | | | 2.04.1841.01.0 | | A Public Document |
|-------------------------------------|--|-------------------------|--------------------------------------|--|--------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| Los Angeles Count | y Board of Supervisors | | | | Form 002 |
| Division, Departme | nt, or Region (If Applicable |) | | 4 | For Official Use Only |
| First District | | | | 1 | |
| Designated Agency | Contact (Name, Title) | | | 1 | |
| | | 10-0000 | | | |
| Avianna Uribe, Tick | and the second s | | | Amendment (Must p | rovide explanation in Part 3.) |
| Area Code/Phone N (213) 974-4111 | lumber E-mail Molina@lac | bos ora | | Date of Original Filing: | |
| | | oos.org | | Pace of Original Filling: | (Month, Day, Year) |
| 2. Function or Eve | | pane, | | 2 | 2.00 |
| Does the agency ha | | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | |
| Event Description | Concert at Hollywood B | | Date(s) 08 | ,08 ,12 | |
| | Provide Title/Expla | anation | | ilharmonic | |
| Ticket(s)/Pass(es) p | rovided by agency? | Yes No | If no: LAPII | Name of So | |
| 147 P-1 F-1-Y-P | | _ | Supe | ervisor Gloria Molina | J/GE |
| of agency official? | on made at the behest | No 🔲 Yes | If yes: | Official's Name (L | ast First) |
| | | | | Omdars Name (E | asi, i irsiy |
| 3. Recipients | | | | | |
| Use Section A to identif | fy the agency's department or i | | ction B to identify an Individ | ual. • Use Section C to ident | ify an outside organization. |
| A. Name of Agenc | y, Department or Unit | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | Pass(es) | All arm intermediates | | . Wagaile Talanda |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | of Individual Lest, First) | Number of Ticket(s)/ | | Identify one of the followi | ng: |
| | | Pass(es) | | | |
| | | | Ceremonial Role | Other island of the control of the c | Income |
| | | | il checking Calamon | ial Role of Other describe below. | |
| | | | | | |
| | | | Ceremonial Role | Other | Income |
| | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | |
| | | | | 161-11- | |
| | side Organization | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| (include addre | ess and description) | Pass(es) | | | |
| Heritage Square Muse | eum | | | | |
| 3800 Homer Street, Lo | | 16 | Per Ticket Policy 5.3 (i) | | |
| | | | | | |
| Non-Profit: Historic Pr | eservation | | | | |
| . Verification | | W | J | | |
| | FPPC Regulations 18944.1 and | 18942. I have ve | erified that the distribution set fo | orth above, is in accordance with | the requirements |
| . VV | | na Uribe | | t Administrator | 10/10/1- |
| Signature of Agency Hea | | Print Nam | | | 10//8//2 |
| Gignature of Agency Hea | a or Designee | rincivan | | Title | (Mønth, Day, Year) |
| Comment: | | | | | |
| Comment. | | W-124- | W W W W W W W W- | | |

Agency Report of:

| Ce | remonial Role Events and | Ticket/Pass | Distributions | | A Public Document |
|----------|---|--|--|--|---------------------------------|
| 1 | Agency Name | | | Date Stamp | California Q02 |
| | Los Angeles County Board of Supervis | ors | | | Form OUZ |
| Ī | Division, Department, or Region (If Applic | cable) | | 1 | For Official Use Only |
| Г | First District | | | 1 | |
| | Designated Agency Contact (Name, Title) | | | 1 | |
| Γ | Avianna Uribe, Ticket Administrator | b | | | |
| | Area Code/Phone Number E-mail | | THAT WE WANT TO SEE THE SECOND | Amendment (Must p | provide explanation in Part 3.) |
| - | | lacbos.org | | Date of Original Filing: | (Month Day Year) |
| 2. 1 | unction or Event Information | | | <u>.</u> | (Month, Day, Year) |
| | Does the agency have a ticket policy? | Yes⊠ No | Face Value | of Each Ticket/Pass \$ | 22.00 |
| | C4-411-11 | | 08 | ,08 ,12 | |
| ь | event Description Concert at Hollywoo | Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the | Date(s) | | |
| т | icket(s)/Pass(es) provided by agency? | Yes □ No | If no: LA Ph | ilharmonic | |
| • | ionot(o)// ass(cs) provided by agency: | Yes No | | Name of So | urce |
| | Vas ticket distribution made at the behe | st No 🔲 Yes | If yes: Super | ervisor Gloria Molina | |
| 8 | of agency official? | | • | Official's Name (i | Last, First) |
| | Recipients | CO W TO THOUSAND | | | |
| <u>.</u> | Use Section A to identify the agency's departmen | | ction B to identify an Individ | ual. • Use Section C to ident | tify an outside organization. |
| - | A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe the put | lic purpose made pursuant | to the agency's policy |
| Ē | | Pass(es) | regretation following the parameter | | |
| - | | |)) | | |
| F | | | | | |
| | | ii i | | | |
| <u> </u> | Name of Individual | Number of | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | Name of Individual (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| Ī | | | Ceremonial Role | Other | Income 🔲 |
| ı | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| - | | | | | |
| L | | | | | |
| | | | Ceremonial Role If checking "Ceremon | Other ial Role" or "Other" describe below: | Income |
| Г | | | and the state of t | | |
| | | | | | |
| C | Name of Outside Organization | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | |
| _ | (include address and description) | Pass(es) | Describe die pub | iic purpose made pursuant | to the agency's policy |
| F | essie Cleveland Community Services Corp | | | | |
| | 019 S. Compton Ave., Los Ángeles, CA 900 | | Per Ticket Policy 5.3 (i) | | |
| N | on-Profit: Mental Health center serving | | | | |
| | on-Profit: Mental Health Center serving hildren from birth to 21 years of age. | Đ | | | |
| . V | erification | | <u> </u> | | |
| l h | ave read and understand FPPC Regulations 18 <u>944.1</u> | and 18942, I have ve | erified that the distribution set f | orth above, is in accordance witi | h the requirements. |
| 12.27 | Avi | anna Uribe | Ticke | t Administrator | 10/18/12 |
| | Signature of Agency Head or Designee | Print Nam | ee | Title | (Month, Day, Year) |
| _ | | | | | |
| C | omment: | | | | |

| 1 Aganay Name | -50-00 | | T | A Public Document | |
|--|--|---|---|------------------------|--|
| 1. Agency Name | | | Date Stamp | California 802 | |
| Los Angeles County Board of Su Division, Department, or Region | AND REAL PROPERTY OF THE PROPE | | For Official Use Only | | |
| First District | | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| Avianna Uribe, Ticket Administr | ator | | <u> </u> | | |
| Area Code/Phone Number E-n | Amendment (Must provide explanation in Part 3.) | | | | |
| (213) 974-4111 M | olina@lacbos.org | | Date of Original Filing: | (Month, Day, Year) | |
| 2. Function or Event Informat | ion | | 2 | 1.00 | |
| Does the agency have a ticket pol | icy? Yes⊠ N | o 🔲 Face Value o | of Each Ticket/Pass \$ | 1.00 | |
| Event Description Concert at Hollywood Bowl Provide Title/Explanation Date(s) 08 | | | ,21 ,12 | | |
| Ticket(s)/Pass(es) provided by ag | Ticket(s)/Pass(es) provided by agency? Yes No ■ If no: LA Phi | | | | |
| Was ticket distribution made at the | hahaat 🗖 | Supe | Name of Soc ervisor Gloria Molina | irce | |
| of agency official? | behest No Ye | s If yes: | Official's Name (L | ast, 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) | | | lic 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 | ng: | |
| | | Ceremonial Role If checking "Ceremon | Other Diel Role" or "Other" describe below: | Income 🔲 | |
| | | Ceremonial Role | Other | Income 🔲 | |
| | | | ial Role" or "Other" describe below: | income | |
| A CONTRACTOR OF THE CONTRACTOR | | | | | |
| C. Name of Outside Organizatio (include address and description | | | lic purpose made pursuant t | o the agency's policy | |
| East Los Angeles Occupational Center 2100 Marengo St., Los Angeles, CA 90033 + | | Per Ticket Policy 5.3 (i) | | | |
| Non-Profit: Employment Training | | | | | |
| . Verification | | | | 44 | |
| I have read and understand FPPC Regulations | nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for | | | the requirements. | |
| 4,6 | Avianna Uribe | | t Administrator | 19/18/12 | |
| Signature of Agency Head or Designee | Signature of Agency Head or Designee Print Name | | | (Month, Day, Year) | |
| Comment: | | | | | |

| _ | eremonial Note Events | and no | Cui ass | Distributions | | A Public Document | |
|-----------|--|--|--|--|---|---------------------------------------|--|
| 1. | Agency Name | | | | Date Stamp | California 802 | |
| | Los Angeles County Board of Supervisors | | | | | TOTAL | |
| | Division, Department, or Region | (If Applicable) | | | | For Official Use Only | |
| | First District | | | | | | |
| | Designated Agency Contact (Nan | esignated Agency Contact (Name, Title) | | | | | |
| | Avianna Uribe, Ticket Administi | rator | | | Amendment (Must pro | ovide explanation in Part 3.) | |
| | | mail | | | | | |
| | | lolina@lack | os.org | | Date of Original Filing: | (Month, Day, Year) | |
| 2. | Function or Event Informa | | _ | | 21 | .00 | |
| | Does the agency have a ticket po | The second second | Yes⊠ No | | f Each Ticket/Pass \$ | | |
| | Event Description Concert at Ho | ollywood Bo | Control of the Party of the Par | Date(s) 08 | ,21 ,12 | | |
| | | LA Phil | | | lharmonic | | |
| | Ticket(s)/Pass(es) provided by ag | jency? | Yes No | ▼ If no: | Name of Source | | |
| | Was ticket distribution made at the | e behest | No Yes | If yes: Supe | rvisor Gloria Molina | | |
| | of agency official? | | | | Official's Name (La | st, First) | |
| 3. | Recipients | | | | | | |
| | Use Section A to identify the agency's d | epartment or u | nit. • Use See | | al. • Use Section C to identif | | |
| | A. Name of Agency, Department o | r.Unit | Ticket(s)/ Pass(es) | | lic purpose made pursuant to | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ | | Identify one of the followin | g: | |
| | A Section of the sect | | Pass(es) | Ceremonial Role | Other 🔲 | ··· · · · · · · · · · · · · · · · · · | |
| | | | | Section 1999 and 1999 a | al Role" or "Other" describe below: | Income L | |
| | | | | | | | |
| | <u> </u> | | | 0 151 | 1 T | | |
| | | | | Ceremonial Role If checking "Ceremoni | Other Land Role" or "Other" describe below: | Income | |
| | | | | | | | |
| | | | | | | | |
| 8 | C. Name of Outside Organization (include address and descript | | Number of Ticket(s)/ | | lic purpose made pursuant to | the agency's policy | |
| | (morado dadross and decomp | | Pass(es) | | | | |
| | Friends of East Los Angeles Library | | 30 | Per Ticket Policy 5.3 (i) | | | |
| | 4837 E. Third St., Los Angeles, CA 90 | 0022 + | | 1 | | | |
| | Volunteer support services. | | | | | | |
| | | | | L | | | |
| | Verification I have read and understand FPPC Regulation | s 18 <u>944</u> .1 and | 18942. have ve | erified that the distribution set fo | orth above, is in accordance with | the requirements | |
| Avianna U | | | | | t Administrator | 10/19/10 | |
| | Signature of Agency Head or Designee | | Print Nam | | Title | (Month, Day, Year) | |
| | | | | | | | |
| | Comment: | | | | | | |

| U | eremoniai Role Events | s and rice | (eurass | Distributions | | A Public Document |
|---|--|---|-------------------------------------|--|-------------------------------------|-------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Los Angeles County Board of Supervisors | | | | | Form OUZ |
| ١ | Division, Department, or Region (If Applicable) | | | | | For Official Use Only |
| | First District | | | | | |
| | Designated Agency Contact (Na | Designated Agency Contact (Name, Title) | | | | |
| | Avianna Uribe, Ticket Adminis | strator | | | Amendment (Must pr | nuido avalanation in Part 2 1 |
| ľ | | -mail | | | l – I | ovide exprenation in Fait 3.) |
| | | Molina@lacb | os.org | | Date of Original Filing: | (Month, Day, Year) |
| | Function or Event Inform | | | | 21 | 1.00 |
| | Does the agency have a ticket p | oolicy? | Yes 🔼 No | | f Each Ticket/Pass \$ | |
| | EAGUI DESCUDIOU | Hollywood Bo | | Date(s) 08 | ,21 ,12 | |
| | | Provide Title/Explai | | I A Phi | Iharmonic | |
| | Ticket(s)/Pass(es) provided by a | agency? | Yes No | If no: If | Name of Sou | rce |
| | Was ticket distribution made at t | the behest | No Yes | ☑ If yes: Supe | rvisor Gloria Molina | |
| | of agency official? | | | 11 9 00. | Official's Name (L | ast, First) |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agency's | department or u | | ction B to identify an Individu | al. • Use Section C to Identi | fy an outside organization. |
| | A. Name of Agency, Department | or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | to the agency's policy |
| i | | | | | | |
| | | | | | | |
| Ì | | | | | | |
| ļ | | | | | | |
| | B. Name of Individual (Lest, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ıg: |
| i | | | rass(es) | Ceremonial Role | Other 🗖 | Income 🗖 |
| | | | | | al Role" or "Other" describe below: | |
| | | | | | | |
| | | | | Ceremonial Role | Other | income |
| | | | | | al Role" or "Other" describe below: | |
| | | | | | | |
| Ļ | English of the state of the sta | No. 15 May regard | Number of : | | ering wayten and contractions. | annang ing in a said |
| (| C. Name of Outside Organiza (include address and descri | | Ticket(s)/ Pass(es) | the state of the s | ic purpose made pursuant t | o the agency's policy |
| - | | | F 000(00) | | | |
| | Hope Through Housing Foundation 9065 Haven Ave #100, Rancho Cu | | 30 | Per Ticket Policy 5.3 (i) | | |
| | 2003 Havell Ave #100, Naticilo Cu | cumonga, CF | | | | |
| | Non-Profit: Early Childhood, Yout Development and Senior Wellness | | | | | |
| _ | Verification | S SCI FICES. NO | | ll | | |
| | 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. | | | | the requirements. | |
| Avianna Urik | | | a Uribe | Ticke | t Administrator | 10/18/12 |
| Signature of Agency Head or Designee Print Name | | | | ne | Title | (Month, Day, Year) |
| 000 | | 100 | | | | |
| (| Comment: | | | | | |

Agency Report of:

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
|--|---------------------------------------|--------------------------------------|--|--|
| 1. Agency Name | | | Date Stamp | California 802 |
| Los Angeles County Board of Supervisors | | roilli | | |
| Division, Department, or Region (If Applicable | 1 | For Official Use Only | | |
| First District | 1 | | | |
| Designated Agency Contact (Name, Title) | | | 4 | |
| | | | | |
| Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail | | water and the second | Amendment (Must p | provide explanation in Part 3.) |
| (213) 974-4111 Molina@lac | bos.ora | | Date of Original Filing: | |
| 2. Function or Event Information | | | | (Month, Day, Year) |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | 21.00 |
| 6 | | | ,21 12 | |
| Event Description Concert at Hollywood B | Court Court Court Court | Date(s) 08 | 1/21 /12 | |
| 12 Yes 2000 2000 2000 11 11 11 11 11 11 11 11 11 11 11 11 | | LA Ph | ilharmonic | |
| Ticket(s)/Pass(es) provided by agency? | Yes No | ✓ If no: | Name of So | urce |
| Was ticket distribution made at the behest | No Yes | ✓ If yes: Super | ervisor Gloria Molina | |
| of agency official? | | | Official's Name (I | Last, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or | · · · · · · · · · · · · · · · · · · · | ction B to identify an Individu | ual. • Use Section C to ident | tify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | Pass(es) | i at atrijegejit stopska I | | . Note and the property of |
| | | | | |
| | | | | |
| | | | | |
| | Number of | | A MARIE TO THE PROPERTY WAS | To the state of th |
| B. Name of Individual (Leet, First) | Ticket(s)/ Pass(es) | | Identify one of the followi | lng: |
| | Ceremonial Role | Other | Income 🗖 | |
| | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| | | | | |
| | | Ceremonial Role | Other ial Role" or "Other" describe below: | Income |
| | | in checking deterior | arrivie or other describe below. | |
| | | | | |
| C. Name of Outside Organization | Number of | | | |
| (include address and description) | Ticket(s)/ Pass(es) | Describe the pub | lic 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. | | | | |
| . Verification | | J | | |
| I have read and understand FPPC Regulations 18 <u>944.1 and</u> | 18942, I have ve | erified that the distribution set fo | orth above, is in accordance wit | h the requirements. |
| Avianr | | t Administrator | 10/18/12 | |
| Signature of Agency Head or Designee | Print Nam | ne | Title | (Month, Day, Year) |
| 140 | | | | |
| Comment: | | | | EDDO F. AAA / W. |
| | | 1 | FPPC Toll-Free Helpline: 8 | FPPC Form 802 (4/12) 366/ASK-FPPC (866/275-7772) |

| Ceremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
|---|-------------------------------------|---|---|---------------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| Los Angeles County Board of Supervisors | | | | Form 002 |
| Division, Department, or Region (If Applicable | | For Official Use Only | | |
| First District | | | | 1 |
| Designated Agency Contact (Name, Title) | gnated Agency Contact (Name, Title) | | | |
| Avianna Uribe, Ticket Administrator | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| (213) 974-4111 Molina@lack | oos.org | | Date of Original Filing: (Month, Day, Year) | |
| 2. Function or Event Information | | | | |
| Does the agency have a ticket policy? | Yes⊠ No | Face Value o | of Each Ticket/Pass \$ | 21.00 |
| Event Description Concert at Hollywood B | | Date(s) 08 | , 23 , 12 | |
| | Yes No | ⊠ If no: LA Ph | ilharmonic Name of So | urce |
| Was ticket distribution made at the behest | No Yes | ✓ If yes: Supering Superi | rvisor Gloria Molina | |
| of agency official? | 140-163 | ii yes. | Official's Name (| Last, First) |
| B. Recipients | | | | |
| Use Section A to identify the agency's department or u | Number of | g kinggapat makan di kamatan di kabupat da | Note of the Secretary of the supple | TANK THAT IS THE A TO THE |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | i i i i i i i i i i i i i i i i i i i |
| | | | | |
| | | | | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the follow | ing: |
| | Pass(es) | Commented Bala | Ottor D | <u> Дин и почето под почето по</u> |
| | | Ceremonial Role If checking "Ceremoni | Other Care of "Other" describe below: | Income |
| | | | | |
| | | Ceremonial Role | Other | income |
| - | | If checking "Ceremoni | al Role" or "Other" describe below: | |
| | | e | | |
| C. Name of Outside Organization | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| (include address and description) | Pass(es) | | | |
| American Cancer Society-Cancer Act. Network | 32 | Per Ticket Policy 5.3 (i) | | |
| 6252-1/2 Bear Avenue, Bell, CA 90201 | | Ter Heicer oney 3.5 (i) | | |
| Non-Profit Organization. | | | 1000 | 10 |
| . Verification | <u> </u> | | | |
| I have read and understand FPPC Regulations 18944.1 and | 18942. I have ve | rified that the distribution set fo | orth above, is in accordance wit | h the requirements. |
| Avianna Uribe Ticket | | | t Administrator | 10/18/12 |
| Signature of Agency Head or Designee | Print Nam | 6 | Title | (Month, Day, Year) |
| | | | | |
| Comment: | | | | |