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

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

First District

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

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

Date Stamp

A Public Document
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Concert at Hollywood Bowl
Face Value of Each Ticket/Pass $ 21.00
Date(s) 08 28 12
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
If yes: Supervisor Gloria Molina
Name of Source
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
Friends of Claremont Library 306 Alamosa Drive, Claremont, CA 91711 30 Per Ticket Policy 5.3 (i)

Volunteer Support Services

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18944.2. 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

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

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
   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? Yes No
   If yes: Supervisor Gloria Molina
   Official’s Name (Last, First)
   Date(s) 08 28 12

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

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

   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
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Non Profit: Provides art education for youth.

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
   Date (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number: (213) 974-4111
   E-mail: Molina@lacbos.org

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 28 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   Name of Source
   If yes: Supervisor Gloria Molina
   Officer’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:

   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

   Monterey Park Langley Senior Center
   400 W. Emerson Ave., Monterey Park, CA 91733
   10 Per Ticket Policy 5.3 (i)

   Volunteer support services.

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19944.2. I have verified that the distribution set forth above is in accordance with the requirements.

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

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

First District

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

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

Date Stamp

A Public Document
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ❏

Face Value of Each Ticket/Pass $21.00

Date(s) 08 28 12

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

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

North Park Middle School
7015 Newline Ave, Unit R, Whittier, CA 90602

30 Per Ticket Policy 5.3 (i)

Non Profit: Music and Arts Education Group

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18944.2. 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

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@lacos.org

Date Stamp

A Public Document
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  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

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

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

B. Name of Individual

(Number, Title)

Number of Ticket(s)/Pass(es)

Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<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>Pacific Clinics</td>
<td>20 Per Ticket Policy 5.3 (l)</td>
<td></td>
</tr>
<tr>
<td>Non Profit: Provides behavioral health care services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Avianna Uribe  Ticket Administrator  10/27/12

Signature or Agency Head or Designee  Print Name  Title  (Month, Day, Year)

Comment:  

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 858/ASK-FPPC (858/275-7772)
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 $21.00
   Event Description Concert at Hollywood Bowl
   Provide Title/Explanation
   Date(s) 08 28 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Supervisor Gloria Molina
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ 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
      Pomona School of the Arts and Enterprise
      295 N. Garey Ave., Pomona, CA 91767
      43 Per Ticket Policy 5.3 (i)
      Provides art and entrepreneurial education for youth.

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
   Title
   Print Name
   Ticket Administrator
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   First District

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

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

   **Date Stamp**
   - California Form 802
   - For Official Use Only
   - 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 [X] No [ ]
   - **Event Description** Concert at Hollywood Bowl
   - **Face Value of Each Ticket/Pass** $21.00
   - **Date(s)** 08 28 12
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
   - **If no:** LA Philharmonic
   - **Name of Source**
   - **Was ticket distribution made at the behest of agency official?** Yes [X] No [ ]
   - **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**
   - **Number of Ticket(s)/Pass(es)**
   - **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**
   - San Gabriel Valley Habitat for Humanity
   - 400 S. Irwindale Ave., Azusa, CA 91702
   - 29 Per Ticket Policy 5.3 (i)
   - Non-Profit: Provides safe and affordable homes to low-income families.

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**
   - **Title**
   - **(Month, Day, Year)**
   - **Comment:**

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

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

First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
Area Code/Phone Number E-mail
(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 [x] No [ ]
Face Value of Each Ticket/Pass $8.00
Event Description: Concert at Hollywood Bowl
Date(s) 08 28 12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: LA Philharmonic
Name of Source [ ]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Gabriel Valley Habitat for Humanity 400 S Irwindale Ave, Azusa, CA 91702</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Non-Profit: Provides safe and affordable homes to low-income families.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [X] No [ ]</th>
</tr>
</thead>
</table>

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation: LA Philharmonic
Name of Source: Supervisor Gloria Molina

3. Recipients

* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Alma Family Services - 1000 Corporate Center Dr., #650, Monterey Park, CA 91754</th>
<th>26</th>
<th>Per Ticket Policy 5.3 (i)</th>
</tr>
</thead>
</table>

Non-Profit: Provides a comprehensive range of multilingual community based services

4. Verification

I have read and understand FPPC Regulations 19844.1 and 19842. 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: [Signature]
Print Name: [Print Name]
Title: [Title]
(Month, Day, Year): [10/09/12]

Comment: [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
A Public Document

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

First District

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

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

Date Stamp California Form For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Face Value of Each Ticket/Pass $21.00
Date(s) 08 30 12

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: LA Philharmonic
Name of Source

Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Pacific Family Services 9353 Valley Blvd., Suite C, Rosemead, CA 91771</td>
<td>30</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Provides leadership &amp; services to local youth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Print Name
Ticket Administrator

Title
(Month, Day, Year)
10/30/12

Comment:

FPPC Form 822 (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 [x] No [ ]
   Event Description: Concert at Hollywood Bowl
   Face Value of Each Ticket/Pass $21.00
   Date(s): 08/30/12
   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**
   ![Table A](#)

   **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:
   ![Table B](#)

   **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**
   Asian Youth Center
   232 West Clary Ave., San Gabriel, CA 91776
   84 Per Ticket Policy 5.3 (i)
   Provides leadership & services to local youth.

4. **Verification**
   I have read and understand FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title:
   (Month, Day, Year): 10/29/10

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

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

Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
Area Code/Phone Number  E-mail
(213) 974-4111 Molina@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description
Concert at Hollywood Bowl
Provide Title/Explanation

Face Value of Each Ticket/Pass $21.00
Date(s) 08 30 12

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

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

B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:

Ceremonial Role ☐ 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

First Fundamental Church
12610 Maryvine St, El Monte, CA 91732 23 Per Ticket Policy 5.3 (i)
Provides community services through youth and senior activities.

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

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

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
Provide Title/Explanation
Date(s) 08 30 12 ☐
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
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

Friends of Selazar Park Seniors 453 N. Daisy Ave., Pasadena, CA 90023 32 Per Ticket Policy 5.3 (i)
Volunteer support services.

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
Ticket Administrator
Print Name Title
(Month, Day, Year)

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

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
Provide Title/Explanation
Date(s) 08 30 12
Ticket(s)/Pass(es) provided by agency? Yes No
If no: LA Philharmonic
Name of Source
Was ticket distribution made at the behast 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 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

USC Memory & Aging Center 1520 San Pablo St., #3000, LA, CA 90033 39 Per Ticket Policy 5.3 (i)
Aged and caregiver support services.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title
(Month, Day, Year)

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

1. Agency Name
Los Angeles County Board of Supervisors

Division, Department, or Region (if Applicable)

First District

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

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

2. Function or Event Information

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

Event Description Concert at Hollywood Bowl

Provide Title/Explanation

Face Value of Each Ticket/Pass $ 21.00

Date(s) 09/04/12

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

If no: LA Philharmonic

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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" describes 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

Associated Park Council Youth Government 510 N. Vineland Ave., La Puente, CA 91746 51 Per Ticket Policy 5.3 (i)

Youth group.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18944. 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:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (if Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number: (213) 974-4111
   E-mail: Molina@lacbos.org
   Date Stamp:
   California Form 802
   Date of Original Filing:

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): 09 10 4 2012
   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
      [Blank lines for entries]

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      [Blank lines for entries]
      Ceremonial Role [ ] Other [x] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      [Blank line for description]

   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
      [Blank lines for entries]
      Children's Bureau
      14600 Ramona Blvd., Baldwin Park, CA 91706
      30
      Per Ticket Policy 5.3 (i)
      Non-Profit: Provides educational & training re:
      child abuse prevention & treatment services [x]

4. Verification
   I have read and understand FPPC Regulations 19844.1 and 19843. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
#### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**

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

**2. Function or Event Information**

Does the agency have a ticket policy? **Yes**  
Event Description: Concert at Hollywood Bowl  
Face Value of Each Ticket/Pass: $21.00  
Date(s): 09/04/12

Ticket(s)/Pass(es) provided by agency? **No**  
If no: LA Philharmonic  
Name of Source: Gloria Molina

Was ticket distribution made at the behest of agency official? **Yes**  
If yes: Supervisor Gloria Molina  
Official’s Name (Last, First): Molina

**3. Recipients**

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

**A. Name of Agency, Department or Unit**

<table>
<thead>
<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></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

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

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
| No Te Dejes Institute  
358 N. Edon Ave., La Puente, CA 91744  
30 Per Ticket Policy 5.3 (i) |

**4. Verification**

I have read and understand FPPC Regulations 19444.1 and 19422. 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:  
(Month, Day, Year): 10/09/12

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: (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
  - 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]
  - 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

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

#### B. Name of Individual (Last, First)

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

#### C. Name of Outside Organization (include address and description)
- **Number of Ticket(s)/Pass(es)** 25
- **Describe the public purpose made pursuant to the agency's policy** Per Ticket Policy 5.3 (i)
  - Arts and entrepreneurial education for youth.

### 4. Verification
I have read and understand FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

1. Agency Name

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

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 $21.00
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Date(s) 09 04 12
If no: LA Philharmonic Name of Source
If yes: Supervisor Gloria Molina 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>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
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</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>United Seniors of Lincoln Park 3501 Valley Blvd., Los Angeles, CA 90031</td>
<td>30</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Volunteer Support Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
Avianna Uribe Ticket Administrator 10/09/16

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 3)

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

Face Value of Each Ticket/Pass $8.00
Date(s) 09 04 12

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

Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

<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>
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</thead>
<tbody>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. 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>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Lincoln Park 3501 Valley Blvd., Los Angeles, CA 90031</td>
<td>6</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Volunteer Support Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19544.2. 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) 10/27/12

Comment: These 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 E-mail
(213) 974-4111 Molina@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes X No
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes X No
Was ticket distribution made at the behest of agency official? Yes X No
Face Value of Each Ticket/Pass $21.00
Date(s) 09 08 12
If no:
LA Philharmonic
Name of Source
If yes:
Supervisor Gloria Molina
Official's Name (Last, First)

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

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

B.
Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role 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
Asian Youth Center
232 West Clary Ave., San Gabriel, CA 91776
50 Per Ticket Policy 5.3 (i)
Provides leadership and services to local youth

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

Date (Month, Day, Year)
10/24/12

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 858/ASK-FPPC (858/275-7772)
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 [ ]
   Event Description Concert at Hollywood Bowl
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $21.00
   Date(s) 09 06 12
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Philharmonic
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

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

<table>
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<th>Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<td></td>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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</tbody>
</table>

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<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>Mexican American Opportunity Foundation 401 North Garfield Ave, Montebello, CA 90642</td>
<td>30</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Non Profit: Serves disadvantaged individuals and families in the Los Angeles area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   I have read and understood FPPC Regulations 19944.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee Avianna Uribe
   Print Name Ticket Administrator
   Title
   (Month, Day, Year)
   Comment:

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

A Public Document

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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)
Date of Original Filing:
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $21.00
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Date(s) 09 06 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 (do not) 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
Monterey Park - Morelia Sister Cities Assoc.
801 Divina Vista St., Monterey Park, CA 91754 12 Per Ticket Policy 5.3 (i)
Non-Profit: Community volunteer group.

4. Verification
I have read and understand FPPC Regulations 19544.1 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
(Time) (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (888/275-7772)