**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 No  
Face Value of Each Ticket/Pass $55.00  
Date(s)  
10 0 1 12

Event Description  
Dodger Game  
Provide Title/Explanation  

Ticket(s)/Pass(es) provided by agency? Yes No [X]  
If no: Los Angeles Dodgers  
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**  
(First, Last)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role Other [X] Income  
If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>Supervisor Gloria Molina</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Ticket Policy 5.3 (g)</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role Other</td>
<td>Income</td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</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

4. **Verification**  
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

**1. Agency Name**

Los Angeles County Board of Supervisors  
Division, Department, or Region (if applicable)  

**First District**

**Designated Agency Contact (Name, Title)**

Avianna Uribe, Ticket Administrator

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

**Date Stamp**  
**California Form 802**  
For Official Use Only

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [x] No [ ]  
- **Face Value of Each Ticket/Pass**  $55.00  
- **Event Description**  Dodger Game  
- **Provide Title/Explanation**

| Date(s) | 10 | 02 | 12 |

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

- **If no:**  
  **Name of Source:**

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

- **If yes:**  
  **Name of Official:**  
  **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.

<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.

<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>Supervisor Gloria Molina</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (g)</td>
</tr>
</tbody>
</table>

- **Ceremonial Role** [x]  
- **Other** [ ]  
- **Income** [ ]

<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>

### C.

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 19544.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee:**

**Print Name:** Avianna Uribe  
**Title:** Ticket Administrator  
**(Month, Day, Year):** 1/1/13

**Comment:**

FPPC Form 802 (4/12)

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

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

### First District

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

### 2. Function or Event Information
- **Yes [X] No [ ]**
- **Event Description:** Dodger Game
  - **Provide Title/Explanation:**
- **Face Value of Each Ticket/Pass:** $55.00
- **Date(s):** 10/03/12
- **Ticket(s)/Pass(es) provided by agency:** Yes [ ] No [X]
- **If no:** Los Angeles Dodgers
  - **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.**

#### A. Name of Agency, Department or Unit
- **Number of Ticket(s)/Pass(es):** 2
- **Describe the public purpose made pursuant to the agency's policy:** Per Ticket Policy 5.3 (k)

#### B. Name of Individual (Last, First)
- **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:**

### 4. Verification
- **I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.**

- **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@lacobos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Concert at Disney Hall
Provide Title/Explaination
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $168.00
Date(s) 10 17 12
LA Philharmonic
Name of Source
Supervisor Gloria Molina
Official’s Name (Last, First)

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

<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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sorkin, Nina</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

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

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

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

Comment:

Avianna Uribe Ticket Administrator 11/2/12

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

Data Stamp California Form 802
A Public Document For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $______________________ 99.00
Event Description Concert at Disney Hall
Provide Title/Explanation
Date(s) 10 17 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
Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
I have read and understood FPPC Regulations 19544.1 and 19542. 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

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 [x] No
Face Value of Each Ticket/Pass $99.00
Event Description Concert at Disney Hall
Ticket(s)/Pass(es) provided by agency? Yes [x] No
Date(s) 10 19 12
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
Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role Other [x] Income
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe Ticket Administrator 11/13/12
Signature of Agency Head or Designee Print Name Title
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
Face Value of Each Ticket/Pass: $168.00
Date(s): 10/30/12

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description: Concert at Disney Hall
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

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

<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>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [x] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuhrman, Jon</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19947. 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: Molina
Title: Ticket Administrator
Date: 11/18/12

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 [X] No [ ]
   Event Description: Concert at Disney Hall
   Face Value of Each Ticket/Pass: $99.00
   Date(s): 10 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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [X] Income [ ]
      Per Ticket Policy 5.3 (h)
      Ceremonial Role [ ] Other [ ] Income [ ]

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

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

Comment:

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