C	eremonial Role Event	s 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 Regio	n (If Applicable	-)			For Official Use Only
	First District	-	-		1	
	Designated Agency Contact (N	lame, Title)				
	Avianna Uribe, Ticket Adminis	strator		-		
		E-mail			Amendment (Must p	provide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation		The state of the s		99.00
	Does the agency have a ticket		Yes No	Face Value of	of Each Ticket/Pass \$	99.00
	Event Description Concert at [	Disney Hall		Date(s) 02	,01 ,13	
		Provide Title/Expla	anation		<u></u>	
	Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: LA Phi	Iharmonic Name of So	NICO
	Was ticket distribution made at	the heheet	No□ Yes	Supe	ervisor Gloria Molina	
	of agency official?	rie peliest	NO Yes	If yes:	Official's Name (	Last, First)
3.	Recipients					
	Use Section A to identify the agency's	s department or u	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Board of Supervisors Employe	ee	2	Per Ticket Policy 5.3	(k)	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role  If checking "Ceremon	Other In all Role" or "Other" describe below:	Income 🔲
				Ceremonial Role  If checking "Ceremon.	Other I ial Role" or "Other" describe below:	Income
			Number of :			
	C. Name of Outside Organiz. (include address and descr		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
I						
	Verification /					
	I have read and understand FPPC Regulati		<i>18942. I have ve</i> na Uribe			th the requirements.
	Signature of Agency Head or Designee	LAVIAIII	Print Nam		et Administrator	_
	Signature of rigidity read of Designee		riin Nam		Title	(Month, Day, Year)
	Comment:		- 1005 V A			FPPC Form 802 (4/12)
				i	FPPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)

U	eremonial Noie Events and Tic	Keurass	פווטווטמווופוע		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)				
	Avianna Uribe, Ticket Administrator	Services (	* *************************************		And the second s
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	-1160			co.oo
	Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	68.00
	Event Description Concert at Disney Hall		Date(s) 02	,05 ,13	
	Provide Title/Expla	anation		U	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	lharmonic  Name of Sou	7700
	Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	
	of agency official?	NO Yes	If yes:	Official's Name (L	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	unit. • 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 t	to the agency's policy
	Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
		Number of			
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremoni	Other Other" describe below:	Income 🔲
			Ceremonial Role	Other U	·
			7000000 DE GRANDE O TENTO DE ENCOPERO DE E	al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
				(Carrier - 1875)	
ſ					
	Verification		NEO PERO SOLIO SPENINOS CIO WAS		
,	I have read and understand FPPC Regulations 18944.1 and				the requirements.
29	Signature of Agency Head or Designee	na Uribe Print Nam		et Administrator	(Month, Day, Year)
		0000000 001 <del>7</del> 00			(worth, ogy, rear)
	Comment:				

Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Godd/Phone Number   E-mail   Date of Original Filling   (Nation, Day, Year)  Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 99.00  Face Value of Each Ticket/Pass \$ 99.00  Dete(s) 02	octomornal role Events and Tick	Neur as	Distributions		A Public Documen
Division, Department, or Region (if Applicable)  First District Designated Agency Contact (Name, Title)  Avianna Uribe, Ticket Administrator Aras Godd/Phone Number	1. Agency Name			Date Stamp	California 202
Amendment	Los Angeles County Board of Supervisors				
Designated Agency Contact (Name, Title)	Division, Department, or Region (If Applicable,	)			For Official Use Only
Avianna Uribe, Ticket Administrator  Area Code/Phone Number	First District				
Area Goda/Phone Number   E-mail	Designated Agency Contact (Name, Title)				
Date of Original Filing:   (Month, Day, Year)	Avianna Uribe, Ticket Administrator				
Function or Event Information  Does the agency have a ticket policy? Yes No Pace Value of Each Ticket/Pass \$ 99.00  Event Description Concert at Disney Hall Provide Title-Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Pace Value of Each Ticket/Pass \$ 99.00  If no: LA Philharmonic  Name of Source  Was ticket distribution made at the behest No Yes No Ves Southern of Source  Was ticket distribution made at the behest No Yes Official's Name (Last First)  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 Pass(es)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual Number of Ticket(s)/Pass(es)  Ceremonial Role Other Income Individual Case, Yeg  Ceremonial Role Other Income Individual Case, Yeg  Ceremonial Role Other Income Income Income Individual Case, Yeg  Ceremonial Role Other Income					ovide explanation in Part 3.)
Does the agency have a ticket policy?  Yes No Date(s)  Da	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
Event Description Concert at Disney Hall  Event Description Concert at Disney Hall  Provide Title/Explanation  Ticket(s)/Pass(s) provided by agency? Yes No Date(s) Pass(s) No Date(s) Pass(s) Pass(s	2. Function or Event Information			[o	9.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Philharmonic  Was ticked distribution made at the behest of agency official?  No Yes Society of Supervisor Gloria Mollina Official? Name (Last, First)  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 Ticket(s)/ Pass(es)  Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)  B. Name of Individual Austrana Official Role Officia	Does the agency have a ticket policy?	Yes 🔼 No	Face Value o	f Each Ticket/Pass \$	3.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Philharmonic  Was ticked distribution made at the behest of agency official?  No Yes Society of Supervisor Gloria Mollina Official? Name (Last, First)  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 Ticket(s)/ Pass(es)  Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)  B. Name of Individual Austrana Official Role Officia	Event Describtion		Date(s) 02	,05 ,13	
Was ticket distribution made at the behest of agency of distribution made at the behest of agency official?  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)  Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual Austrian Describe the public purpose made pursuant to the agency's policy Pass(es)  Ceremonial Role Other Interest Describe the public purpose made pursuant to the agency's policy Pass(es)  Ceremonial Role Other Interest Describe the public purpose made pursuant to the agency's policy Pass(es)  Ceremonial Role Other Interest Describe the public purpose made pursuant to the agency's policy Income Interesting Technology Techn	Provide Title/Expla	nation		harmonic	
Official? Name (Last, First)  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)   Describe the public purpose made pursuant to the agency's policy	Ticket(s)/Pass(es) provided by agency?	Yes No	If no:		ırce
Seection A to identify the agency's department or unit.   Use Section B to identify an individual.   Seection C to identify an outside organization.		No <b>□</b> Yes	If yes: Supe	to the same of the	ast, First)
Board of Supervisors Employee  2 Per Ticket Policy 5.3 (k)  B. Name of Individual (sea Pro)    Pass(es)	50 U. 1907 U.S 10 C	nit. • Use Se	ection B to identify an individu	al. • Use Section C to identi	ify an outside organization.
B. Name of Individual (Law) First)    Number of Ticket(s)/ Pass(es)   Identify one of the following:   Ceremonial Role   Other   Income	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Ceremonial Role   Other   Income   In	Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
Verification  Thave read and inderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Avianna Uribe  Signature of Agency Head Wesignee  Print Name  Title  (Nonth, Day, Year)  FPPC Form 802 (4/1)	B. Name of Individual	Ticket(s)/	Ceremonial Role	Other	
Verification   Include address and description   Ticket(s)/ Pass(es)				AVGENERALISMONES IN THE PROPERTY OF THE PROPER	Income
Avianna Uribe  Avianna Uribe  Ticket Administrator  Title		Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
Avianna Uribe  Avianna Uribe  Ticket Administrator  Title					
Avianna Uribe  Avianna Uribe  Ticket Administrator  Title					
Comment:	I have read and understand FPPC Regulations 18944.1 and				the requirements.
FPPC Form 802 (4/1)	Signature of Agency Head Lesignee	Print Nan	пе	Tille	(Nonth, Day, Year)
	Comment:		#	PPC Toll-From Halalin 90	FPPC Form 802 (4/12

С	eremonial Role Events and Tick	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	500			
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator	- <del>-</del> <del></del>			
	Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.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 \$	68.00
	Event Description Concert at Disney Hall		Date(s) 02	,09 ,13	
	Provide Title/Explai		I A Phil	Iharmonic	
	Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sou	ırce
	Was ticket distribution made at the behest	No□ Yes	¥ If yes: Supe	rvisor Gloria Molina	
	of agency official?	140 🖃 103	a liyes.	Official's Name (L	ast, First)
3.	Recipients				•
	Use Section A to identify the agency's department or use.		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 i	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)	Ceremonial Role	Identify one of the following Other all Role" or "Other" describe below:	ng:
1			Ceremonial Role . If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
ı					
Ì					
1.	Verification /		III.		
	I have read and understand FPPC Regulations 18944.1 and 1	18942. I have ve			the requirements.
		a Uribe	Ticke	t Administrator	12/27/13
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
	Comment:				
			F	FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 56/ASK-FPPC (866/275-7772)

	gency Report of: eremonial Role Events and Ticket/Pass Distributions
1.	Agency Name
	Los Angeles County Board of Supervisors

2. Function or Event Information Does the agency have a ticket policy?

3. Recipients

B.

C.

4. Verification I have read

Comment:

gency Report of: eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
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)	and summer the			
Avianna Uribe, Ticket Administrator			Amendment (Must pr	rovide explanation in Part 3.)
Area Code/Phone Number   E-mail			Date of Original Filing:	
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information	-	- W	99	9.00
Does the agency have a ticket policy?  Event Description Concert at Disney Hall	Yes No	Date(s)	f Each Ticket/Pass \$ 4	
Provide Title/Expl	anation		 	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	harmonic Name of Sou	urco.
Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	
of agency official?	No Yes	If yes: Supe	Official's Name (L	ast, First)
Recipients  • Use Section A to identify the agency's department or its section A to identify the agency's department or its section A.	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other al Role" or "Other" describe below:	Income 🗖
		Ceremonial Role  If checking "Ceremonial"	Other al Role" or "Other" describe below:	Income
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
Verification  have read and understand FPPC Regulations 18944.1 and	100 100			the requirements.
	na Uribe		et Administrator	_   d/27//
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)

Ocicinoma Roic Events and	HOROUT 433	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Superv	isors			roilli ——
Division, Department, or Region (If App	olicable)			For Official Use Only
First District		t t		
Designated Agency Contact (Name, Title	9)		1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina	@lacbos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Ī.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68.00
Event Description Concert at Disney F		Date(s) 02	, 10 , 13	
Event Description	tle/Explanation			
Ticket(s)/Pass(es) provided by agency	? Yes□ No	If no: LA Phi	lharmonic	
•	_	_	Name of So	urce
Was ticket distribution made at the beh of agency official?	est No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (L	act Firet)
			Onicia's Name (E	_aost, 1 IIoty
3. Recipients	ant as unit Usa Sa	ation Danish at Commission		
Use Section A to identify the agency's departm	Number of	y the parameters of the first to		The state of the s
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na:
(Last, First)	Pass(es)	-5-6		ng
		Ceremonial Role	Other 🗙	Income
Supervisor Gloria Molina	2	if checking Ceremoni	ial Role" or "Other" describe below:	
		Per Ticket Policy 5.3	(g)	
		Ceremonial Role	Other _	Income \( \square\)
		If checking "Ceremoni	al 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
	Pass(es)			
			of a City conjugate the constraint	
. Verification  I have read and understand FIPC Regulations 1894	4.4 and 400.40 15	25.44.14. 2.12. 2.1.		
/ / /	4.1 and 18942. I have ve Avianna Uribe		orth above, is in accordance with	n the requirements
Signature of Agency Head or Designee			et Administrator	_   K/2//S
Signature of Agency Head of Designee	Print Nam	<del></del>	Title	(Month, Day, Year)
Comment:				,
			EDDC Toll Eres Usinity	FPPC Form 802 (4/12)
		,	FFC IOII-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 80 1. Agency Name Date Stamp **Form** Los Angeles County Board of Supervisors For Official Use Only Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing Molina@lacbos.org (213) 974-4111 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ Event Description Concert at Disney Hall 10 13 02 Date(s) Provide Title/Explanation LA Philharmonic Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Name of Source Supervisor Gloria Molina Was ticket distribution made at the behest No□ Yes⊠ If yes: of agency 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: Other X Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Close, Richard 2 Per Ticket Policy 5.3 (h) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

nave read and understand FPPC Regulations	Avianna Uribe	ne distribution set forth above, is in accordance with Ticket Administrator	the requirements.
Signature of Agency Head or Designee	Print Name	Title	(Mgnth, Day, Year)

remonial Role Events and Tick	Neurass	Diotributiono	A	Public Docume
Agency Name			Date Stamp ©	Form 802
os Angeles County Board of Supervisors				TOIM -
Division, Department, or Region (If Applicable)				For Official Use Only
irst District		1000 2000 2000 - Nagi 2000 2000 - 1		
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must provide e	explanation in Part 3.)
213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	onth, Day, Year)
Function or Event Information				1
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 168.00	·
Event Description Concert at Disney Hall		Date(s) 02	,12 ,13	
Provide Title/Expla		I A Phi	lharmonic	
icket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Source	
Vas ticket distribution made at the behest	No□ Yesl	If yes: Supe	rvisor Gloria Molina	
of agency official?	140 200 1621	il yes.	Official's Name (Last, Fi	rst)
Recipients		Mark Mark Mark Mark Mark Mark Mark Mark		
Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identify an	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the	agency's policy
Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following:	
	Pass(es)	Ceremonial Role	Other X	
	_		ial Role" or "Other" describe below:	Income L
Sutkin, Carrie	2	Per Ticket Policy 5.3	(h)	
		rei Ticket Policy 5.3	(11)	
		Ceremonial Role		Income [
		If checking "Ceremoni	ial Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the	agency's policy
	Pass(es)			
			V / W V V	
			West and the Market of the Mar	
erification )				
ave read and understand FPPC Regulations 18 <u>944.1 and 1</u>				quirements.
nave read and understand FPPC Regulations 18944.1 and 3	a Uribe	Ticke	et Administrator	2/27/1
ave read and understand FPPC Regulations 18 <u>944.1 and 1</u>		Ticke		quirements.

oromoma reso Evente ana me	tool doc	Diotributions		A Public Document
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				
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@lacb	os.org		Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ 9	9.00
C D:	rese No		,12 ,13	
Event Description Concert at Disney Hall  Provide Title/Expla	nation	Date(s) 02	M <sub>12</sub> M <sub>13</sub>	
		LA Phil	lharmonic	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	ĭ If no:	Name of Sou	irce
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?		, , , , , , , , , , , , , , , , , , , ,	Official's Name (L	ast, First)
Recipients				
• Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to ident	ify 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)			
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other X	Income
Sutkin, Carrie	2	If checking "Ceremoni	al Role" or "Other" describe below:	
Sutkiii, Carrie		Per Ticket Policy 5.3	(h)	
L				
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
		I diadang ocienom	arrole of other describe below.	1
C. Name of Outside Organization	Number of .	Department the section		4
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant f	to the agency's policy
Verification		JIJ		100 mm o eV
Lhave 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	ia Uribe	Ticke	et Administrator	2/27/17
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Wear)
Comment:				EDDO F
		F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

1. Age	ency Name			Date Stamp	A Public Document
	Angeles County Board of Supervisors				Form 8UZ
	ion, Department, or Region (if Applicable	9)		4	For Official Use Only
Eirct	District			1	
	gnated Agency Contact (Name, Title)				
Aviar	nna Uribe, Ticket Administrator				
	Code/Phone Number   E-mail			Amendment (Must p	provide explanation in Part 3.)
	974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
. Fun	ction or Event Information			[1	68.00
Does	the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	00.00
Even	t Description Concert at Disney Hall	- Mariana de la companya de la compa	Date(s) 02	,14 ,13	
LVOII	Provide Title/Expl	anation			
Ticke	et(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Iharmonic  Name of So	VICO
Mac	ticket distribution made at the behest	No□ Yes	Supe	ervisor Gloria Molina	once
	gency official?	No Yes	If yes:	Official's Name (	Last, First)
Rec	ipients				
	Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Boa	rd of Supervisors Employee	2	Per Ticket Policy 5.	3 (k)	
		Number of			
B.	Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1 4455(44)	Ceremonial Role	Other 🔲	Income
				ial Role" or "Other" describe below:	
			Ceremonial Role	Other 🔲	Income 🗍
				ial Role" or "Other" describe below:	iliconie [_
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy

4 (	Avianna Uribe	Ticket Administrator	12/27/1
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

				A Public Documer
Agency Name		Carlos Company Company	Date Stamp	California 802
Los Angeles County Board of Supervisors			1	For Official Use Only
Division, Department, or Region (If Applicable,	)		1	,
First District				
Designated Agency Contact (Name, Title)			]	
Avianna Uribe, Ticket Administrator			<b></b>	
Area Code/Phone Number E-mail			Amenament (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			Ţ.	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	99.00
Event Description Concert at Disney Hall	- 11 <sup>2</sup>	02	,16 ,13	
Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	lharmonic	
		_	Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (	Last, First)
Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se	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)/			to the agency's policy
	Pass(es)			
	Number of			
B. Name of Individual	Ticket(s)/		Identify one of the follow	
B. Name of Individual				ing:
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow  Other  ial Role" or "Other" describe below:	
B. Name of Individual (Last, First)  Valadez, Esther	Ticket(s)/	Ceremonial Role If checking "Ceremon	Other Xial Role" or "Other" describe below:	ing:
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role	Other Xial Role" or "Other" describe below:	ing:
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Per Ticket Policy 5.3 Ceremonial Role	Other island of the control of the c	ing:
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Per Ticket Policy 5.3 Ceremonial Role	Other interpretation of the control	ing:
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Per Ticket Policy 5.3 Ceremonial Role	Other island of the control of the c	ing:
Valadez, Esther	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Per Ticket Policy 5.3 Ceremonial Role	Other island of the control of the c	ing:
(Last, First)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	Ceremonial Role If checking "Ceremon  Per Ticket Policy 5.3  Ceremonial Role If checking "Ceremon.	Other island of the control of the c	ing:
Valadez, Esther  Name of Outside Organization	Ticket(s)/ Pass(es)  2  Number of	Ceremonial Role If checking "Ceremon  Per Ticket Policy 5.3  Ceremonial Role If checking "Ceremon.	Other X ial Role" or "Other" describe below:  (h) Other I ial Role" or "Other" describe below:	Income Income
Valadez, Esther  Name of Outside Organization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	Ceremonial Role If checking "Ceremon  Per Ticket Policy 5.3  Ceremonial Role If checking "Ceremon.	Other X ial Role" or "Other" describe below:  (h) Other I ial Role" or "Other" describe below:	ing:
Valadez, Esther  Name of Outside Organization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	Ceremonial Role If checking "Ceremon  Per Ticket Policy 5.3  Ceremonial Role If checking "Ceremon.	Other X ial Role" or "Other" describe below:  (h) Other I ial Role" or "Other" describe below:	ing:

Avianna Uribe

Comment:

Print Name

Ticket Administrator

Title

Agency Name		Distributions	Data Starra	A Public Docume
Los Angeles County Board of Supervisors			Date Stamp	California 802
Division, Department, or Region (If Applicable	9)		4	For Official Use Only
First District	Will All Will		1	
Designated Agency Contact (Name, Title)	<del>/////////////////////////////////////</del>		4	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			1	68.00
Does the agency have a ticket policy?	Yes No		of Each Ticket/Pass \$	00.00
Event Description Concert at Disney Hall		Date(s) 02	,17 ,13	
Provide Title/Expl		I A Phi	Tharmonic	, M. S A. P. P. S A. P. P. S A. P. P. S A. P. P. P. S A. P. P. P. P. P. P
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sou	rge
Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?			Official's Name (La	ast, First)
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other X ial Role" or "Other" describe below:	Income
Reyes, Eduardo	2			
Reyes, Eduardo	2	Per Ticket Policy 5.3	(h)	
Reyes, Eduardo	2	Per Ticket Policy 5.3	(h)  Other L  ial Role" or "Other" describe below:	Income
Reyes, Eduardo  C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Per Ticket Policy 5.3  Ceremonial Role  If checking "Ceremon	Other:	e-1481 12

I have read and interstand 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

Title

Ti

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

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document	
1. Agency Name  Los Angeles County Board of Supervisors  Division, Department, or Region (If Applicable)	Date Stamp	California 802 Form For Official Use Only			
First District  Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator  Area Code/Phone Number   E-mail    (213) 974-4111   Molina@lacb	os.org		Amendment (Must pro	ovide explanation in Part 3.) (Month, Day, Year)	
Event Description Concert at Disney Hall  Provide Title/Expla	Yes⊠ No nation Yes□ No No□ Yes	Date(s) 02	of Each Ticket/Pass \$ 99 17 13   13   Iharmonic Name of Sourcervisor Gloria Molina Official's Name (La	.00	
Recipients     Use Section A to identify the agency's department or u	nit. • Use Se	A CHARLEST AND SOME NO			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin  Other  Other leade" or "Other" describe below:	g:	
		Ceremonial Role  If checking "Ceremon	Other Garage Other describe below:	Income [	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	o the agency's policy		
Verification I have read and understand FPPC Regulations 18944.1 and Avianr Signature of Agency Head or Designee	18942. I have ve na Uribe Print Nam	Ticke	orth above, is in accordance with et Administrator Tille	the requirements.  (Modkin, Day, Year)	

A Public Document

	And the second s					dance became
1.	Agency Name		Date Stamp California 802			
	Los Angeles County Board of	f Supervisors		Form OUZ		
	Division, Department, or Region	on (If Applicable		For Official Use Only		
	First District					
	Designated Agency Contact (	Vame, Title)		9		
	Avianna Uribe, Ticket Admini	strator				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(213) 974-4111	Molina@lack	os.org		Date of Original Filing: (Month, Day, Year)	
2. Function or Event Information					[12	58.00
	Does the agency have a ticket	Control of the contro	Yes No	Face Value o	f Each Ticket/Pass \$	36.00
	Event Description Concert at	Disney Hall		Date(s) 02	, 19 , 13	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: LA Phil	harmonic  Name of Sou	urca.
	Was ticket distribution made at	t the heheet	П.	Supe	rvisor Gloria Molina	TCG
	of agency official?	tine benest	No Yes	If yes: Supe	Official's Name (L	ast, First)
3.	Recipients					
٥.	Use Section A to identify the agency'	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	s Mediatora Technology	lic purpose made pursuant	The state of the s	
			rass(es)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other X	Income
	Moret, Megan		2	If checking "Ceremoni	al Role" or "Other" describe below:	
				Per Ticket Policy 5.3	(h)	
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	moone
	-				Principal Communication of Assertation of the Communication of the Commu	
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the publ	to the agency's policy	
		, , , , , , , , , , , , , , , , , , , ,	Pass(es)	12		
	L					
						the second
1.	Verification	tions 19044 1 and	119042   have ve	orition that the distribution and t	adh abasa ta ia a a a a da sa sa sa sa	
	I have read and understand FPPC Regula		na Uribe		et Administrator	Title requirements.
	Signature of Agency Head or Designee		Print Nam		Title	<u> </u>
	Signature of Agency Head of Designee		riiii Nam	10	riue	(Mgnth, Day, Yestr)
	Comment:					

Date Stamp California 80
Form OU
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)
99.00
Face Value of Each Ticket/Pass \$
Date(s) 02 / 19 / 13
LA Philharmonic
If no: Name of Source
If yes: Supervisor Gloria Molina
Official's Name (Last, First)
ction B to identify an individual. • Use Section C to identify an outside organization.
Describe the public purpose made pursuant to the agency's policy
Identify one of the following:
Ceremonial Role Other 🗵 Income
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)
Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:
Describe the public purpose made pursuant to the agency's policy
arified that the distribution set forth above, is in accordance with the requirements.
Ticket Administrator
5

eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable,	)		1	For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)		j		
Avianna Uribe, Ticket Administrator				<u> </u>
Area Code/Phone Number E-mail				rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			1	68.00
	Yes No	Face Value o	of Each Ticket/Pass \$	00.00
Event Description Concert at Disney Hall		Date(s) 02	, 20 , 13	
Provide Tide/Expla		I A Ph	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	ervisor Gloria Molina	
of agency official?			Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or u	7	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Disable of "Other" describe below:	ng:
		Ceremonial Role  If checking "Ceremon.	Other Usial Role" or "Other" describe below:	Income 🔲
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
Verification				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for Avianna Uribe			<i>orth above, is in accordance with</i> et Administrator	the requirements.
			110/01/1	
Signature of Agency Head or Designee	Print Nam	9	Title	(Month, Day, Year)

Ceremonial Role Events a	nd Ticket/Pas	s Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Los Angeles County Board of Sup	Los Angeles County Board of Supervisors			Form OUZ	
Division, Department, or Region (If	Applicable)			For Official Use Only	
First District		CONTRACTOR			
Designated Agency Contact (Name,	,Title)				
Avianna Uribe, Ticket Administrat					
	Area Code/Phone Number   E-mail			rovide explanation in Part 3.)	
	ina@lacbos.org		Date of Original Filing:		
2. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket police		Face Value o	of Each Ticket/Pass \$ 9	9.00	
			,20 ,13		
Event Description Concert at Disne	de Title/Explanation	Date(s) 02	W <sub>20</sub> W <sub>13</sub>		
		_ I A Phi	ilharmonic		
Ticket(s)/Pass(es) provided by age	ncy? Yes∐ No	If no:	Name of Sou	Irce	
Was ticket distribution made at the	behest No Yes	If yes: Supe	rvisor Gloria Molina		
of agency official?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 you.	Official's Name (L	ast, First)	
. Recipients					
Use Section A to identify the agency's departments	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 U	Init Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
	Pass(es)	. I pelit disersion di			
	. Number of				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	1 433(43)	Ceremonial Role	Other 🗵	Income 🔲	
Cuthin Comin		If checking "Ceremonial Role" or "Other" describe below:			
Sutkin, Carrie	2	Per Ticket Policy 5.3	(h)		
		rei ficket rolley 3.3	(11)		
		Ceremonial Role	Other	Income	
		If checking "Ceremonia	al Role" or "Other" describe below:		
	W				
C. Name of Outside Organization	Number of				
(include address and description		Describe the publ	to the agency's policy		
	1				
	ı				
Verification /					
I have read and understand FPPC Regulations 1	8 <u>944.1 and 18942. I have</u> v	erified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Avianna Uribe		t Administrator	2/27/1	
Signature of Agency Head or Designee	Print Nar		Tille	(I)fonth, Day, Year)	
				(grown, Day, pear)	
Comment:					
		F	FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)	

	Date Stamp  California 802  Form  For Official Use Only		
	101111		
	For Official Use Only		
	1		
	4		
Avianna Uribe, Ticket Administrator			
	Amendment (Must provide explanation in Part 3.)		
	Date of Original Filing: (Month, Day, Year)		
	168.00		
Does the agency have a ticket policy? Yes No Pace Value of			
Event Description Concert at Disney Hall Date(s)			
Ticket(s)/Pass(es) provided by agency? Yes No If no:			
Yes If yes: Supe	Name of Source  ervisor Gloria Molina  Official's Name (Last, First)		
se Section B to identify an individ	ual. • Use Section C to identify an outside organization.		
(s)/ Describe the pul	olic purpose made pursuant to the agency's policy		
	Identify one of the following:		
Ceremonial Role	Other M Income Income		
Per Ticket Policy 5.			
Ceremonial Role  If checking "Ceremon	Other Income Inc		
(s)/ Describe the put	Describe the public purpose made pursuant to the agency's policy		
ave verified that the distribution set t	forth above, is in accordance with the requirements.		
( Avianna Uribe Ticke			
int Name	Title (Mont), Day, Ygar)		
	Date(s)  No X If no:  LA Ph  If yes:  Super  See Section B to identify an individence of the pull  Per of the pull  Per of the pull  Per Ticket Policy 5.  Ceremonial Role  If checking "Ceremonial Role  If checking "C		

C	eremonial Role Events and T	icket/Pass	Distributions		A Public Document
1.	Agency Name		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802
		Los Angeles County Board of Supervisors			I OIIII — —
	Division, Department, or Region (If Applica	able)			For Official Use Only
	First District		1000000	1	
	Designated Agency Contact (Name, Title)		v		
	Avianna Uribe, Ticket Administrator	The second secon			
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(213) 974-4111 Molina@la	acbos.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 \$	168.00
	Event Description Concert at Disney Hal		Date(s) 02	,26 ,13	
	Provide Title/E	xplanation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	if no: LA Ph	ilharmonic	
	Mag tiglet distribution and a state to the		Supp	Name of So	purce
	Was ticket distribution made at the behes of agency official?	t No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (	Last First)
2				Omod Ortano (	Lust, 1 may
ა.	Recipients  • Use Section A to identify the agency's department	or unit. • Use Se	ction B to identify an individu	ial	tify an outside organization
	A. Name of Agency, Department or Unit	Number of	e the state of the		The state of the s
	7 to Traine of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuant	to the agency's policy
	Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other _	Income 🔲
			If checking "Ceremoni	al Role" or "Other" describe below:	
	h.		Ceremonial Role	Other _	Income
				al Role" or "Other" describe below:	mome
ļ	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
ļ.	Verification				
		and 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	h the requirements.
	Avia	nna Uribe	Ticke	t Administrator	2/27/17
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
	Comment:				
	COMMUNIC.				FPPC Form 802 (4/12)
			F	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Ticl	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)	Division, Department, or Region (If Applicable)				
	First District					
	Designated Agency Contact (Name, Title)					
	Avianna Uribe, Ticket Administrator					
	Lance to the second				rovide explanation in Part 3.)	
	(213) 974-4111	os.ora		Date of Original Filing:		
2		unction or Event Information			(Month, Day, Year)	
A	Sec. 2 (2012) 24(2012			of Each Ticket/Pass \$	9.00	
		Tese No		,26 ,13		
	Event Description Concert at Disney Hall  Provide Title/Expla	nation	Date(s) 02	, 20 , 13	L/	
			LA Phi	lharmonic		
	Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: □	Name of Sou	ırce	
	Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina		
	of agency official?			Official's Name (L	ast, First)	
3.	Recipients					
	Use Section A to identify the agency's department or u	THE RESERVE THE PERSON NAMED IN COLUMN 1	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
	Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			Ceremonial Role	Other	Income	
	l		If checking "Ceremonia	al Role" or "Other" describe below:		
				<del>-</del>		
			Ceremonial Role	Other War Other Other Other Delow:	Income	
Γ						
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	to the agency's policy	
Į						
Γ					*1	
	Verification /					
1	have read and understand FPPC Regulations 18944.1 and 1		rified that the distribution set for	rth above, is in accordance with	the requirements	
1	Avianna	uribe	Ticke	t Administrator	1/176/12	
	Signature of Agency Head or Designee	Print Nam	е	Title	Month, Day Year)	
	Comment:					
,	Oomment.		F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)	