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
Amendment (Must provide explanation in Part 3.)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description End of the Rainbow Performance
Provide Title/Explanation
Face Value of Each Ticket/Pass $ 110.00
Date(s)
04 04 13
If no:
Music Center - Ahmanson Theatre
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 ☑
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (g)

Supervisor Gloria Molina 2

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 19444.1 and 19432.1 I have verified that the distribution set forth above is in accordance with the requirements.

Signature: Avianna Uribe
Agency Head or Designee 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 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 Disney Hall
Provide Title/Explanation
Face Value of Each Ticket/Pass $168.00
Date(s) 04 23 13
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>
</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>Delgado, Lydia</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑</td>
</tr>
</tbody>
</table>

  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:

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

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.

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@labcos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Concert at Disney Hall
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]
Face Value of Each Ticket/Pass $99.00
Date(s) 04 23 13

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>
</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>Delgado, Lydia</td>
<td>2</td>
<td>Ceremonial Role Other [X] 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 Other [ ] Income [ ]</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18943. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe [X] Ticket Administrator [ ]
Signatures of Agency Head or Designee Print Name Title
5/1/12
(Year, Month, Day)

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 [x] No [ ]
   Face Value of Each Ticket/Pass $34.00
   Date(s) 04 01 13
   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.

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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 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>
</table>

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

Signature of Agency Head or Designee  Print Name  Title
Avianna Uribe  Ticket Administrator  5/11/13
(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**

**A Public Document**

<table>
<thead>
<tr>
<th><strong>1. Agency Name</strong></th>
<th><strong>Date Stamp</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>First District</td>
<td></td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td><strong>California Form 802</strong></td>
</tr>
<tr>
<td>Avianna Uribe, Ticket Administrator</td>
<td>For Official Use Only</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>** Amendement (Must provide explanation in Part 3)**</td>
</tr>
<tr>
<td>(213) 974-4111</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Function or Event Information</strong></th>
<th>Face Value of Each Ticket/Pass</th>
<th>34.00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the agency have a ticket policy?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Event Description</strong></td>
<td>Dodger Game</td>
<td>Provide Title/Explanation</td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Was ticket distribution made at the behest of agency official?</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Recipients</strong></th>
<th><strong>4. Verification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Section A to identify the agency's department or unit.</td>
<td>I have read and understand FPPC Regulations 18944.1 and 18522. I have verified that the distribution set forth above is in accordance with the requirements.</td>
</tr>
<tr>
<td>Use Section B to identify an individual.</td>
<td></td>
</tr>
<tr>
<td>Use Section C to identify an outside organization.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Number of Ticket(s)/Pass(es)</strong></th>
<th><strong>Describe the public purpose made pursuant to the agency's policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th><strong>Number of Ticket(s)/Pass(es)</strong></th>
<th><strong>Describe the public purpose made pursuant to the agency's policy</strong></th>
</tr>
</thead>
</table>

**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

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: Dodger Game
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 $34.00
Date(s) 04/03/13

Name of Source
Los Angeles Dodgers
Name of Official
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.

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Ticket Administrator
Title: (Director, City, Yes)

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**
   **Face Value of Each Ticket/Pass** $34.00
   **Event Description**
   Dodger Game
   **Date(s)**
   04 05 13
   **Ticket(s)/Pass(es) provided by agency?**
   No
   **Was ticket distribution made at the behest of agency official?**
   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.

   **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**
   Watanabe, Robert
   **Number of Ticket(s)/Pass(es)**
   2
   **Identify one of the following:**
   Ceremonial Role
   **Per Ticket Policy 5.3 (h)**
   Income
   If checking “Ceremonial Role” or “Other” describe below:

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

4. **Verification**
I have read and understood FPPC Regulations 19441.1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

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

   **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
   First District

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass: $34.00
   - Date(s): 04-06-13
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: Los Angeles Dodgers
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   - If yes: 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**
   - Name: Hernandez, Ruben
   - Number of Ticket(s)/Pass(es): 2
   - Per Ticket Policy 5.3 (h)
   - Identify one of the following:
     - Ceremonial Role [ ] Other [X]
     - Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:

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

4. **Verification**
   - 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)
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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:

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Dodger Game
Provide Title/Explanation
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 $34.00
Date(s) 04 07 13

If no:
Name of Source Los Angeles Dodgers
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
(Ex., First)
Number of Ticket(s)/ Pass(es)
Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (g)
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

Supervisor Gloria Molina 2

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 19040.1 and 19042. 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
Date (Month, Day, Year) 5/1/13

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 ☑ No ☐
Event Description: Dodger Game
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: $34.00
Date(s): 04 15 13
Name of Source:
Los Angeles Dodgers
Official's Name (Last, First):
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 Tickets/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 Tickets/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 Tickets/Pass(es) | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19549.2. 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: 5/13)
Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[X]
   Event Description Dodger Game
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]
   Was ticket distribution made at the behest of agency official? No[ ] Yes[X]
   Face Value of Each Ticket/Pass $34.00
   Date(s) 04 16 13
   If no: Los Angeles Dodgers
   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
      If checking "Ceremonial Role" or "Other" describe below:
      Per Ticket Policy 5.3 (h)
      Ceremonial Role Other [X] Income
      If checking "Ceremonial Role" or "Other" describe below:
      Faustinos, Belinda 2

   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 19244.1 and 19932. 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 | 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: Dodger Game  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
Face Value of Each Ticket/Pass $34.00  
Date(s): 04/17/13  
If no:  
Los Angeles Dodgers  
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  
---|---  
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:  

**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 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.  

Signature: Avianna Uribe  
Agency Head or Designee  
Signature: Ticket Administrator  
Print Name  
Title  
(With Date)  
Comment:"
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors
   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: Dodger Game
   Face Value of Each Ticket/Pass $34.00
   Date(s): 04 26 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Name of Source:
   If no: Los Angeles Dodgers
   If yes: 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:
      Los Angeles County Employee
      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):

   C. Name of Outside Organization (include address and description):

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 1942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Title: Ticket Administrator
   Print Name:
   Date (Month, Day, Year): 5/1/13
   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 X No
Event Description Dodger Game
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
Face Value of Each Ticket/Pass $34.00
Date(s)
04 27 13
Name of Source
Los Angeles Dodgers
Official’s Name (Last, First)
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.

<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>Recendez, Irene</td>
<td>2</td>
<td>Ceremonial Role Other X Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</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></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18744.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature: Avianna Uribe
Agency Head or Designee: 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
   California Form 802
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $34.00
   Date(s) 04 28 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   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
   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:

   **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 18044.1 and 18042. 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   - Los Angeles County Board of Supervisors
   - First District
   - Avianna Uribe, Ticket Administrator
   - (213) 974-4111 Molina@lacbos.org

2. Function or Event Information
   - Does the agency have a ticket policy? Yes ☑ No ❏
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass: $34.00
   - Date(s): 04 29 13
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ❏
   - Was ticket distribution made at the behest of agency official? No ☑ Yes ☑

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
<td>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 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:票务管理员
   - Title:票务管理员
   - Date: 05 11 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 ☒ No ☐
   Face Value of Each Ticket/Pass $34.00
   Event Description
   Dodger Game
   Date(s) 04 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Location
   Los Angeles Dodgers
   Name of Source
   Supervisor Gloria Molina
   Official's Name (Last, First)

3. Recipients
   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:
      Per Ticket Policy 5.3 (h)
      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 understand FPPC Regulations 18344.1 and 18342. 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

Comment:

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