Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors			16	Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Adminstrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			l.	
Does the agency have a ticket policy?	Yes No	Face Value of	f Each Ticket/Pass \$	5110.00
Event Description End of the Rainbow Perf	ormance	Date(s) 04	,04 ,13	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Music	Center - Ahmanson Th	
Was ticket distribution made at the behest	П	Suno	Name of So. rvisor Gloria Molina	urce
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	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to ident	tifu an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	- African State of the Control of the Agr	lic purpose made pursuant	
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other 🗙	Income 🔲
Supervisor Gloria Molina	2	If checking "Ceremonial Role" or "Other" describe below:		
		Per Ticket Policy 5.3	(g)	
		Ceremonial Role	Other D	Income
		ii oncoming determonia	ar Note of Other describe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nubl	ic purpose made pursuant t	
(include address and description)	Pass(es)		io purpose made pursuant i	to the agency's policy
				2
Verification	0			
I have read and understand FPPC Regulations 18944.1 and				the requirements.
Signature of Agency Head or Designee	na Uribe		t Administrator	_ 5/1//3
Signature of Agenty Flead of Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors	(Form For Official Use Only
	Division, Department, or Region (If Applicable	·)			
	First District Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Adminstrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			,	
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	68.00		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Ph	ilharmonic Name of Sour	ce
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	
3.	Recipients • Use Section A to identify the agency's department or the section A to identify the agency of the section A. Name of Agency, Department or Unit	Number of	- Productive of the control of the	ual. • Use Section C to identif	NAME OF THE PROPERTY OF THE PERSON OF THE PE
		Pass(es)			NATA KATANTAN KATANTA
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g
	Delgado, Lydia	2	Ceremonial Role If checking "Ceremoni	Other X	Income
	Deliguad, Lydia		Per Ticket Policy 5.3	(h)	
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
					Action to the Printing
A	Varification				

rstand PPPC Regulations 18<u>944.1 and 18942. I have verified that the distri</u>bution set forth above, is in accordance with the requirements,

Ticket Administrator

Title

Avianna Uribe

Print Name

Signature of Agency Head or Designee

Comment:

(Month, Day, Year)

_	eremonial Note Events	and no	NCUI ass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802			
	Los Angeles County Board of S		Form OUZ			
	Division, Department, or Region	(If Applicable)		For Official Use Only		
	First District					
	Designated Agency Contact (Nat	me, Title)				
	Avianna Uribe, Ticket Adminstr	ator			Amendment (Must pro	ovide evalenation in Part 3.)
		-mail				OVIGE EXPLANATION III T AIT 3.7
		/lolina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
<u> </u>	Function or Event Informa		-	_	\$9	99.00
	Does the agency have a ticket po	olicy?	Yes No		TEach Ticket/Pass \$	
	Event Description Concert at Di	sney Hall rovide Title/Expla	enetion	Date(s) 04	, 23 , 13	
				LA Phi	ilharmonic	
	Ticket(s)/Pass(es) provided by a	gency?	Yes No	If no:	Name of Sou	rce
	Was ticket distribution made at the	ne behest	No Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?			, 500,	Official's Name (La	ast, First)
	Recipients					
	Use Section A to identify the agency's contact the section A to identify the agency is contact the agency and a to identify the agency is contact the agency is contact the agency is contact the agency is contact the agency is contact. Output D a to identify the agency is contact the agency is contact. The agency is contact the agency	department or u		ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department of	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
						The state of the s
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Delegado Ludio			Ceremonial Role If checking "Ceremoni	Other X	Income
	Delgado, Lydia		2	Per Ticket Policy 5.3	(h)	
				Ceremonial Role	Other	Income
i				If checking "Ceremoni	ial Role" or "Other" describe below:	
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Verification /		I	110		
	I have read and understand FPPC Regulatio	ns 18 <u>944.1</u> and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	416	Aviann	na Uribe	Ticke	et Administrator	5/1/12
	Signature of Agency Head or Designee		Print Nam	ee .	Title	(Month, Day, Year)
	Commont					
	Comment:					

Ceremoniai Role Events and	TICKETPass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervi	sors			Form OUZ
Division, Department, or Region (If App.	licable)]	For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)]	
Avianna Uribe, Ticket Administrator			Amondment (44)	
Area Code/Phone Number E-mail			3	provide explanation in Part 3.)
	@lacbos.org		Date of Original Filing	: (Month, Day, Year)
2. Function or Event Information		_		\$34.00
Does the agency have a ticket policy?	Yes ⊠ No		of Each Ticket/Pass \$	45 1100
Event Description Dodger Game	le/Explanation	Date(s) 04	,01 ,13	
	· · · · · · · · · · · · · · · · · · ·	_ Los Ai	ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	X If no:	Name of S	ource
Was ticket distribution made at the behind	est No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?			Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department	ent or unit. • Use Se Number of	o strength to pre-		The Market State of the State o
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
,		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944				
Signature of Agency Head or Designee	vianna Uribe		et Administrator	5/1/13
Saluature of Agency Read of Designee	Print Narr	ne	Title	(Month, Uay, Year)
Comment:				

Comment

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 | E-mail Date of Original Filing: (213) 974-4111 Molina@lacbos.org (Month, Day, Year) 2. Function or Event Information \$34.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ 02 Dodger Game **Event Description** Date(s) Provide Title/Explanation Los Angeles Dodgers 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) **Board of Supervisors Employee** 2 Per Ticket Policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Other _ Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification I have read and nd FPPC Regulations 18<u>944.1 and 18942. I have verified that the distri</u>bution set forth above, is in accordance with the requirements Avianna Uribe Ticket Administrator Signatura of Agency Head or Designee Print Name Title

v	eremonial Note Events and Tici	Neur ass	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	- 10 (a) 10 W 40			
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator			<u> </u>	
	Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.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 o	of Each Ticket/Pass \$	34.00
	Event Description Dodger Game		Date(s) 04	,03 ,13	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles Dodgers	
	Was ticket distribution made at the behest	П	Supe	Name of Sou ervisor Gloria Molina	Irce
	of agency official?	No Yes	If yes: Supe	Official's Name (L	ast, First)
2					
٥.	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 identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	$= (1,2,\ldots,2,q,q,q,q,q,q,q,q,q,q,q,q,q,q,q,q,q$	lic purpose made pursuant	
	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 If checking "Ceremoni	Identify one of the followle Other Other describe below:	ng: Income
			Ceremonial Role If checking "Ceremoni	Other Gall Role" or "Other" describe below:	Income 🗖
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant l	to the agency's policy
	Verificati/byl				V
70,000	I have read and understand FPPC Regulations 18944.1 and				the requirements.
		na Uribe	Ticke	et Administrator	5/1 //?
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Mohth, Day, Year)
	Comment:				
	O CITILI OTTE.				

Ceremonial Role Events and Tic	ket/Pass	Distributions	74-23/2014	A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				TOTAL
Division, Department, or Region (If Applicable	·)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	34.00
Event Description Dodger Game		Date(s) 04	,05 ,13	
Provide Title/Expl	anation	Los Ar	ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of So	urce
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?	140 = 1631	il yes.	Official's Name (L	ast, First)
3. Recipients	****			
Use Section A to identify the agency's department or it.		tion B to identify an Individu	ial. • 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
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other X	income
Watanabe, Robert	2	Per Ticket Policy 5.3		
		Ceremonial Role	Other U	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
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
		b		
				·
. Verification				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>				the requirements.
	na Uribe		t Administrator	5/1/13
Signatibre of Agency Head or Designee	Print Name	9	Title	(Month, Day, Year)
Comment:				-

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Superviso	rs			TOITI
Division, Department, or Region (If Applica	ble)			For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator	-		1	
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_\$	\$34.00
Event Description Dodger Game		Date(s) 04	,06 ,13	
Provide Title/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los A	ngeles Dodgers	
	_	_	Name of So	ource
Was ticket distribution made at the behest of agency official?	No Ves	If yes: Supe	ervisor Gloria Molina Official's Name (7 act Fireft
			Omdar's Name (Last, I nsty
 Recipients Use Section A to identify the agency's department 	or unit allea Sa	ction B to identify an individ	unl - Han Soution C to iden	tifu an autoide arganization
	Number of	- Magadiki paka ji ili ili daga k	(Artist or the Crystally Crysty Crystall	The State of the S
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
				and the state of t
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
(Last, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other X	Income L
Hernandez, Ruben	2			
		Per Ticket Policy 5.3	(h)	and the second s
		Ceremonial Role	Other	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	
	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
. Verification		II		
I have read and understand FPPC Regulations 18 <u>944.1.2</u>	and 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	th the requirements.
V \	anna Uribe		et Administrator	5/1/17
Signature of Agency Head or Designee	Print Nam		Title	(Mgnth, Day, Year)
Comment:				

eremoniai Roie	Events and Tick	keurass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
	Board of Supervisors				
Division, Department	, or Region (If Applicable)		For Official Use Only		
First District					
Designated Agency C	Contact (Name, Title)]	
Avianna Uribe, Ticke				Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Nu				Date of Original Filing:	
(213) 974-4111	Molina@lacb	os.org		Date of Original Filling.	(Month, Day, Year)
 Function or Even Does the agency have 		v. 🔽	□ Face Value o	of Each Ticket/Pass \$	34.00
To.		Yes⊠ No		,07 13	
Event Description	odger Game Provide Title/Expla	anation	Date(s) 04		
Ticket(s)/Pass(es) pro	ovided by agency?	Yes No	× If no: Los Ar	ngeles Dodgers	
				Name of Sour	се
Was ticket distribution of agency official?	made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	act Firefi
				Onical S Name (Le	151, 1 1151)
. Recipients	the agency's department or i	mit allsa Sor	ction R to identify an individu	ual. • Use Section C to identif	n outside organization
	Department or Unit	Number of	e sufficient de la companya de la co	lic purpose made pursuant to	NAME OF THE PARTY
A. Name of Agency,	Department of Onit	Ticket(s)/ Pass(es)	Describe trie pub	iic purpose made pursuant i	o are agency's policy
	f Individual st, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
Supervisor Gloria M	olina	2	Ceremonial Role If checking "Ceremon	Other X	Income
Supervisor Gioria ivi	Ollila	2	Per Ticket Policy 5.3	(g)	
			Ceremonial Role If checking "Ceremon	Other I	Income
	ide Organization s and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	21.0				
. Verification				NOS 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I nave read and understand F	27.7.30	<i>18942. I have ve</i> na Uribe		orth above, is in accordance with	the requirements.
Signature of Agency Head		na Uribe Print Nam		et Administrator	(Modith, Day, Year)
Orginatore of Agency Mead	o. Dougrad	CHIR Wall		riae	(wonth, bay, rear)
Comment:					

Cei	emoniai Role Even	is and rici	Neurass	Distributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
Lo	os Angeles County Board o	f Supervisors			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
Di	vision, Department, or Reg	ion (If Applicable,				For Official Use Only	
Fi	rst District		**			2	
De	esignated Agency Contact	Name, Title)					
A	vianna Uribe, Ticket Admir	nistrator			Amendment (Must pro	ovide explanation in Part 3.)	
	ea Code/Phone Number	E-mail					
	13) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
	unction or Event Infor			- Franklina	f Food Ticket/Poor \$	34.00	
D	bes the agency have a ticke		Yes⊠ No		f Each Ticket/Pass \$		
Ev	rent Description Dodger G	ame Provide Title/Expla	nation	Date(s) 04	15 13		
Ti	cket(s)/Pass(es) provided b			If no: Los Ar	ngeles Dodgers		
110	chet(s)/rass(es) provided b	y agency :	Yes No		Name of Sour	се	
	as ticket distribution made a	at the behest	No Yes	If yes: Supe	rvisor Gloria Molina		
O	f agency official?			•	Official's Name (La	est, First)	
	ecipients						
	Jse Section A to identify the agenc	y's department or u	nit. • Use Se	1. * * 1.11 (* 1.15) * * * * * * * * * * * * * * * * * * *	A CONTRACTOR OF THE PROPERTY OF	TO MARKET THE THE THE STATE OF	
A =	 Name of Agency, Department 	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
В	oard of Supervisors Emplo	yee	2	Per Ticket Policy 5.3 (k)			
	The Control of the Co						
B	Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
				Ceremonial Role If checking "Ceremoni	Other describe below:	Income	
L		1.0.00		Ceremonial Role If checking "Ceremoni	Other at Role" or "Other" describe below:	Income	
	Name of Outside Organ	ization	Number of .				
	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
L							
	erification						
I ha	ve read and understand FPPC Regu					the requirements.	
_	Signatura of Francis Lland or Deli		na Uribe		et Administrator	<u> </u>	
	Signature Agency Head or Designee		Print Nan	ne	Title	(Manth, Day, Year)	
Co	omment:						

C	eremonial Role Events and Tick	ket/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 Applicable))		For Official Use Only	
	First District	19			
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	***************************************		Γ.	
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	34.00
	Dadaar Caraa			,16 .13	
	Event Description Dodger Game Provide Title/Expla	nation	Date(s) 04		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ai	ngeles Dodgers	
		TesL NO		Name of Soi	urce
	Was ticket distribution made at the behest	No Ves	If yes: Supe	ervisor Gloria Molina	
-	of agency official?			Official's Name (L	_ast, First)
3.	Recipients	2 00 2			
	Use Section A to identify the agency's department or u	Number of	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		rass(es)			. 1227(1.3 % 24) 1 6 7 7 7 1 1
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other X	Income 🔲
	Faustinos, Belinda	2	If checking "Ceremonial Role" or "Other" describe below:		
			Per Ticket Policy 5.3	3 (h)	
			Ceremonial Role	Other _	Income 🗀
				ial Role" or "Other" describe below:	ilicome
					The state of the s
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			
1.	Verificat/gn				
	I have read and understand FPPC Regulations 18944.1 and				h the requirements.
		na Uribe	Ticke	et Administrator	5////3
	Signature of Agency Head or Designee	Print Narr	ne	Title	(Month, Day, Year)
	Commont				
	Comment:				

Comment

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 E-mail **Date of Original Filing:** (213) 974-4111 Molina@lacbos.org (Month, Day, Year) 2. Function or Event Information \$34.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ 17 13 Dodger Game **Event Description** Date(s) Provide Title/Explanation Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ If 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) 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) **Board of Supervisors Employee** 2 Per Ticket Policy 5.3 (k) Number of B. Name of Individual Identify one of the following: Ticket(s)/ Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Verification d FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Avianna Uribe Ticket Administrator Agency Head or Designee Print Name (Mos

Ceremoniai Role E	vents and the	Neurass	Distributions	*	A Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles County Bo	ard of Supervisors			CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO	Form OUZ
Division, Department, o	r Region (If Applicable))			For Official Use Only
First District					
Designated Agency Cor	ntact (Name, Title)				
Avianna Uribe, Ticket A	Administrator	20			
Area Code/Phone Numb				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 I	nformation			c	34.00
Does the agency have a	ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	34.00
Event Description Dode	ger Game		Date(s) 04	, 26 , 13	
	Provide Title/Expla	nation		ngeles Dodgers	
Ticket(s)/Pass(es) provid	ded by agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution m	ade at the behest	No □ Yes	✓ If yes: Supe	rvisor Gloria Molina	
of agency official?		110 = 163	u ii yes.	Official's Name (La	ast, First)
3. Recipients					
Use Section A to identify the	agency's department or u		ction B to identify an Individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Los Angeles County En	nployee	2	Per Ticket Policy 5.3	3 (k)	
B. Name of Inc		Number of Ticket(s)/		Identify one of the following	ig:
		Pass(es)	Ceremonial Role	Other all Role" or "Other" describe below:	Income 🔲
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🔲
C. Name of Outside (include address ar		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
Verification I have read and understand FPPO	Aviann	18942. I have ve na Uribe Print Nam	Ticke	orth above, is in accordance with et Administrator Tille	the requirements. , S///3 (Month, Day, Year)
Comment:				All and the second	

_	cremema role Events	and no	ncui ass	Distributions		A Public Documen
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board of S	Supervisors				Form OUZ
	Division, Department, or Region	ı (If Applicable)		-	For Official Use Only
	First District					-
	Designated Agency Contact (Na	nme, Title)				
	Avianna Uribe, Ticket Adminis	trator				
1	Area Code/Phone Number E	-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information					34.00
	Does the agency have a ticket p	olicy?	Yes No	Face Value o	of Each Ticket/Pass \$	554.00
	Event Description Dodger Gan			Date(s) 04	, 27 , 13	
	P	rovide Title/Expla	ngeles Dodgers			
	Ticket(s)/Pass(es) provided by a	igency?	Name of Soi	urce		
	Was ticket distribution made at t	he behest	No□ Yes	Supe	ervisor Gloria Molina	
	of agency official?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	140= 162	If yes:	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's	department or ι	mit. • Use Sec	ction 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
			1 23(03)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Recendez, Irene		2	Ceremonial Role If checking "Ceremon	Other Social Role" or "Other" describe below:	
	necendez, nene		-	Per Ticket Policy 5.3	3 (h)	
				Ceremonial Role If checking "Ceremoni	Other Lial Role" or "Other" describe below:	Income
Ų	Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
i						
	Verification 7					
,	have read and understand FPPC Regulation					-//
	Signature of Agency Head or Designee	Avianr	na Uribe		et Administrator	5/1//3
	Signature of Myericy Mead of Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment					

A Public Document

1.	Agency Name	Date Stamp	California On 2					
	Los Angeles County Board of Sup		Form OUZ					
	Division, Department, or Region (If		For Official Use Only					
	First District							
	Designated Agency Contact (Name,	•						
	Avianna Uribe, Ticket Administrat							
	Area Code/Phone Number E-ma	Amendment (Must provide explanation in Part 3.)						
	(213) 974-4111 Mol					Date of Original Filing: (Month, Day, Year)		
2.	Function or Event Information	,						
	Does the agency have a ticket police	y?	Yes No	Face Value o	of Each Ticket/Pass \$	34.00		
	Event Description Dodger Game		Date(s) 04	, 28 , 13				
	Provid							
	Ticket(s)/Pass(es) provided by ager	ngeles Dodgers Name of Sour	· · · · · · · · · · · · · · · · · · ·					
	Was ticket distribution made at the	hehest	× If yes: Supe	rvisor Gloria Molina	C.B			
	of agency official?	0011001	If yes:	Official's Name (La	est, First)			
3.	Recipients							
	Use Section A to identify the agency's departments	artment or u	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	y 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)				
4.								
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🔲		
				Ceremonial Role	Other 🔲			
					al Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy		
	(Pass(es)					
	Verification I have read and understand IPPC Regulations 1	8944.1 and 1	18942. I have ve	rified that the distribution set for	odh ahove is in accordance with	the requirements		
	16	a Uribe		et Administrator	E//h			
	Signature of Agency Head or Designee	Print Nam		Title	(Mohth, Day, Year)			
			,,					
	Comment:							

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name	Date Stamp	California 802			
Los Angeles County Board of Supervisors	550.	Form OUZ			
Division, Department, or Region (If Applicable		For Official Use Only			
First District					
Designated Agency Contact (Name, Title)]		
Avianna Uribe, Ticket Administrator	ianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)		
(213) 974-4111 Molina@lacb	os.org				
2. Function or Event Information	Yes⊠ No	_		\$34.00	
Does the agency have a ticket policy?	of Each Ticket/Pass \$ L	1 1 1 1 1 1			
Event Description Dodger Game Provide Title/Explain	, 29 , 13				
T. I. (() [D. ()]	ngeles Dodgers				
licket(s)/Pass(es) provided by agency?	Name of Sc	ource			
Was ticket distribution made at the behest	If yes: Supe	ervisor Gloria Molina	1		
of agency official?		Official's Name (Last, First)		
3. Recipients					
Use Section A to identify the agency's department or u	ers frequency against a second part by		TO STANK TO SERVICE STANKING TO SERVICE		
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	
Los Angeles County Employee	2	Per Ticket Policy 5.3 (k)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	rass(es)	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
	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			
. 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 wit et Administrator	5/1/13	
				(Month, Day, Year,	

A Public Document 1. Agency Name California 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 E-mail **Date of Original Filing:** (213) 974-4111 Molina@lacbos.org (Month, Day, Year) 2. Function or Event Information \$34.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 30 Dodger Game **Event Description** Date(s) Provide Title/Explanation Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? If no: 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) 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 B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 Martinez, Evelyn Per Ticket Policy 5.3 (h) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification tand FPPC Regulations 18<u>944.1 and 18942. I have verified that the distrib</u>ution set forth above, is in accordance with the requirements Avianna Uribe Ticket Administrator Signature of Agency Head or Designee Print Name Comment