C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors				roim
	Division, Department, or Region (If Applicable,)			For Official Use Only
	First District			1	N
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number 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 Information			J	
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	34.00
	Event Description Dodger Game		Date(s) 05	,01 13	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	if no: Los Ar	ngeles Dodgers	
				Name of So	urce
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (I	ast First)
^				Onicial 3 Name	east, i noty
3.	Recipients • Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to ident	tify an outside organization
	A. Name of Agency, Department or Unit	Number of	1 * Trans At 1/38 - 1 - 1 - 1 - 1 - 1 - 1	lic purpose made pursuant	N. Sept. Commence of the second
	Trains of Agency, Department of Child	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuam	to the agency's policy
		Number of			W. C. William
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other X	Income
	Martinez, Evelyn	2	If checking "Ceremoni	ial Role" or "Other" describe below:	
	Martinez, Everyn		Per Ticket Policy 5.3	(h)	
			Ceremonial Role	Other U	
				ial Role" or "Other" describe below:	Income
				A	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
		Pass(es)			
_	Verification				
r.	Verification I have read and understand FIPC Regulations 18 <u>944.1 and :</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
		na Uribe		et Administrator	5/14/12
	Signature of Agency Head or Designee	Print Nam		Title	(Month/Day, Year)
	Comment:				FPPC Form 802 (4/12)
			F	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

C	eremonial Role Events 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 Region (If Applicable,				For Official Use Only
	First District				
	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@lack	os.org		Date of Original Filing:	
2	Function or Event Information				(Month, Day, Year)
		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	34.00
	Dadray Cama	icae ivo		,06 ,13	
	Event Description Dodger Game Provide Title/Expla	nation	Date(s) 05	Neo Nia	
	Ticket(s)/Pass(es) provided by agency?	V	If no: Los Ar	ngeles Dodgers	
	ricket(b)/r ass(cs) provided by agency:	Yes□ No		Name of So	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)
3.	Recipients	0.7			
	Use Section A to identify the agency's department or u		ction B to identify an individu	ial. • Use Section C to ident	tify 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
	ISD - Youth Career Development Program	2	Per Ticket Policy 5.3	3 (h & j)	
	1100 N. Eastern Ave., LA, CA 90063				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other Other of "Other" describe below:	Income 🔲
			Ceremonial Role	Other I al Role" or "Other" describe below:	Income
			in shouling Gordinalin	arrive or other assemble below.	
(include address and description) Ticket(s)/		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
1					
_	Verification				
••	I have read and understand FPPC Regulations 18 <u>944.1 and i</u>	18942. I have ve ia Uribe			h the requirements.
	Signature of Agency Head or Designee			et Administrator	13/14/15
	Signature of Agency Read of Designee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:				
			,	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

C	eremonial Role Events a	nd Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Q02
	Los Angeles County Board of Sup	pervisors				Form OUZ
	Division, Department, or Region (f Applicable)			For Official Use Only
	First District	WAS SPACE STATES			1	
	Designated Agency Contact (Name	, Title)				
	Avianna Uribe, Ticket Administra	tor	Jan Carlotte Spirit	The state of the s		
	Area Code/Phone Number E-m				Amendment (Must)	provide explanation in Part 3.)
		lina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informati	on			J	(Worth, Day, Year)
	Does the agency have a ticket poli		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	34.00
	D. I. C.		103		.07 13	
	LVCIIL Description	de Title/Expla	anation	Date(s) 05		
	Ticket(s)/Pass(es) provided by age	ncv2	Yes□ No	If no: Los Ai	ngeles Dodgers	
	Transition addition provided by age	iloy:	res IVO		Name of Sc	nurce
	Was ticket distribution made at the	behest	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 dep	partment or L	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 I	Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
			rass(es)			
	B. Name of Individual (Lest First)		Number of Ticket(s)/		Leanne ann ann an	
			Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other X	Income
	Arriola, Lupe		2 If checking "Ceremon		ial Role" or "Other" describe below:	
				Per Ticket Policy 5.3	3 (h)	
				Ceremonial Role	Other U	income [
				if checking "Ceremon	ial 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)		A Ja Guard, Tarrer de E.	San against Signature 1999
_						
4.	Verification I have read and understand FPPC Regulations	18944 1 and	18942 have ve	erified that the distribution set for	odh shove is in secondance wi	th the requirements
			na Uribe		et Administrator	5/W/b
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
					Me	(maini, gay, real)
	Comment:			- una		
				ĵ	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)
					(2)	58 T.O. 180 ST 100 ST 100 ST

Ceremoni	al Role Even	is and no	Keurass	Distributions	25	A Public Document
1. Agency	Name				Date Stamp	California 802
Los Angele	es County Board o	of Supervisors				Form OUZ
Division, D	epartment, or Reg	ion (If Applicable)		4	For Official Use Only
First Distri	ct		W	mit - 100 #16/100 - 100	1	
	Agency Contact	(Name, Title)			1	
Avianna U	ribe, Ticket Admii	nistrator			Amendment (Must pr	avide evaluation in Dert 2)
	Phone Number	E-mail			i –	ovide explanation in Part 3.)
(213) 974-4	1111	Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
	or Event Infor					34.00
Does the a	gency have a ticke	t policy?	Yes⊠ No		of Each Ticket/Pass \$	71.00
Event Desc	ription Dodger G	ame Provide Title/Expla	-notion	Date(s) 05	,08 ,13	
Tightet(a)/De	ana(an) munuidad b			Los Ai	ngeles Dodgers	
ncket(s)/Pa	ass(es) provided b	y agency?	Yes No	× If no:	Name of Sou	rce
	distribution made a	at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency	official?				Official's Name (L	ast, First)
3. Recipien						
	A to identify the agenc	y's department or i	nit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name	of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of S	Board of Supervisors Employee		2	Per Ticket Policy 5.3	3 (k)	
B.	Name of Individua	1	Number of Ticket(s)/			
	(Last, First)		Pass(es)		Identify one of the following	19
				Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income
				Ceremonial Role	Other _	Income
				If checking "Ceremon.	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
. Verificatio	on.					
		ations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
- A	ill	Avianı	na Uribe	Tick	et Administrator	5/14/13
Signature	of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
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 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 Yes⊠ No□ Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? 10 13 Dodger Game **Event Description** Date(s) Provide Title/Explanation Los Angeles Dodgers If no: Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Supervisor Gloria Molina Was ticket distribution made at the behest No□ Yes⊠ If yes: Official's Name (Last, First) of agency official? 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) ISD - Youth Career Development Program Per Ticket Policy 5.3 (h & j) 2 1100 N. Eastern Ave., LA, CA 90063 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: 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) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Avianna Uribe Ticket Administrator Signature of Agency Head or Designee Print Name Title Month, Day, Year)

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors	i			Form OUZ
Division, Department, or Region (If Applicable	le)		-	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@lac	bos.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information		_		34.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ -	
Event Description Dodger Game	Innation	Date(s) 05	, 11 , 13	
Provide Title/Exp		_ los Ar	ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Soi	ırce
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	i i
of agency official?		, , , ,	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or		ection 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
Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremonial	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's policy
Verification				
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	rth above, is in accordance with	the requirements.
	na Uribe		et Administrator	5/14/13
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

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				TOTAL
	Division, Department, or Region (If Applicable)					For Official Use Only
	First District	-				
	Designated Agency Contact (Na	ame, Title)]	
	Avianna Uribe, Ticket Adminis	strator			- I Amount mant me	
		-mail			1	provide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				1	34.00
	Does the agency have a ticket	oolicy?	Yes No	The state of the s	of Each Ticket/Pass \$	
	Event Description Dodger Gar	and the second s		Date(s) 05	,12 ,13	
		Provide Title/Expla	nation		ngeles Dodgers	
	Ticket(s)/Pass(es) provided by a	agency?	Yes No	x If no:	Name of So	ource
	Was ticket distribution made at t	the behest	No□ Yes	If yes: Supe	ervisor Gloria Molina	
	of agency official?			- 11 y co	Official's Name	(Last, First)
3.	Recipients		- Vi Co., 1504 - 100			
	Use Section A to identify the agency's	department or u	nit. • Use Se Number of	ction B to identify an Individu	ual. • Use Section C to ider	ntify an outside organization.
	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)		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	/ing:
			Pass(es)	Ceremonial Role	Other	Income 🗍
					ial Role" or "Other" describe below:	moone 🗔
				Communical Date		
				Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income [_]
30						
8						
	Name of Outside Organiza (include address and descri	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
			Pass(es)			
- 1						
1.	Verification)			II.		
3.5	I have read and understand FPPC Regulation	ons 18 <mark>944.1 and 1</mark>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	A, 1	Aviann	ia Uribe	Ticke	et Administrator	5/14/13
	Signature of Agency Head or Designee	_	Print Nam	ne	Title	(Month, Day, Year)
	Comment					
	Comment:					FPPC Form 802 (4/12)
				F	FPPC Toll-Free Helpline:	866/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				FOIIII
	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 ρ	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 policy?	Yes🗵 No	Face Value of	of Each Ticket/Pass \$	54.00
	Event Description Dodger Game Provide Title/Expla	nation	Date(s) 05	, 13 , 13	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	if no: Los Ar	ngeles Dodgers	
			_	Name of So	urce
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (I	act First)
				Onicial S Ivanie (E	-dot, i noty
3.	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 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	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
			Ceremonial Role If checking "Ceremoni	Other Gal 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 the agency's policy
	Verification				
	I have read and understand FPPC Regulations 18 <u>944.1 and 1</u> Aviann	na Uribe	Tick	et Administrator	5/14/13
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
	Comment:				

_	ordinama reac Evento ana ma	tool ass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors				
	Division, Department, or Region (If Applicable))			For Official Use Only
	First District		Α		
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator	- 1202 - 17, 10, 1			
- 1	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2,	Function or Event Information			I.	7
	Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	34.00
	Event Description Dodger Game		Date(s) 05	, 14 , 13	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Los Ar	ngeles Dodgers	
	14/- 5 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Name of Sour	rce
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	ast. First)
_				,	
).	Recipients • Use Section A to identify the agency's department or use	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	fv an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The section of the Miles	lic purpose made pursuant t	Ng 79- gira in say kasa in si in si si si
	Board of Supervisors Employee	2	Per Ticket Policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Roje	Identify one of the followin	ng:
				al Role" or "Other" describe below:	
ı		S45	Ceremonial Role	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 publ	ic purpose made pursuant to	o the agency's policy
	Verification I have read and understand FPPC Regulations 18944.1 and 1 Aviann Signature of Agency Head or Designee	18942. I have ve na Uribe Print Nam	Ticke	orth above, is in accordance with et Administrator Title	the requirements (Month, Day, Year)
1	Comment:				

Ceremonial Role Events and Tid	cket/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	le)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Adminstrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				4.00
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	4.00
Event Description Dodger Game Provide Title/Exp	lanation	Date(s) 05	, 15 , 13	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	x If no: Los Ar	ngeles Dodgers Name of Sou	TOO.
Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	ULUF .
of agency official?	No La Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ıal. • 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
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 following	ng:
	Ceremonial Role If checking "Ceremoni	Other describe below:	Income	
		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)			ic purpose made pursuant i	to the agency's policy
. Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	nna Uribe Print Nan	Ticke	et Administrator	5/14/13 (Month, Day, Year)
Comment:				(graning day, rodi)

Ceremonial Role Events and Tid	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors		To a late		TOTH
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			Amenament (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lacl	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Γ	34.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	
Event Description Dodger Game		Date(s) 05	, 24 , 13	
Provide Title/Expl		_ 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?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	— 11 y c c	Official's Name (I	Last, First)
. Recipients				
Use Section A to identify the agency's department or		ction B to identify an Individu	al. • Use Section C to ident	tify 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)	
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremoni	Other All Role" or "Other" describe below:	Income L
		Ceremonial Role	Otheral Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
			× ***	
Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	arified that the distribution set fo	rth above, is in accordance with	the requirements.
Avian	na Uribe	Ticke	et Administrator	5/14/B
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:	Charles Approximents			

Los Angeles County Board of Supervisors Date Stamp California 80 Form Supervisors Division, Department, or Region (if Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: Month, Day, Year)	C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail	1.	Agency Name			Date Stamp	California Q02
First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number		Los Angeles County Board of Supervisors				
Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Adminstrator Area Gode/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Month, Day, Year) Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: Los Angeles Dodgers Was ticket distribution made at the behest of agency official? No Yes Yes Supervisor Gloria Molina Official's Name (Last, First) A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s) Pass(es) Pass(es) Ceremonial Role Other Income Income It checking "Ceremonial Role Other Income Ceremonial Role Othe		Division, Department, or Region (If Applicable,)		1	For Official Use Only
Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Adminstrator Area Gode/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Month, Day, Year) Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: Los Angeles Dodgers Was ticket distribution made at the behest of agency official? No Yes Yes Supervisor Gloria Molina Official's Name (Last, First) A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s) Pass(es) Pass(es) Ceremonial Role Other Income Income It checking "Ceremonial Role Other Income Ceremonial Role Othe		First District			1	
Area Code/Phone Number [2.13] 974-4111	- 1				1	
Area Code/Phone Number [2.13] 974-4111	-	Avianna Uribe Ticket Adminstrator				
Caramonial Role Date of Original Filing: (Month, Day, Year)	ı				Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income		(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month Day Year)
Event Description Dodger Game	2.	Function or Event Information			J	
Event Description Dodger Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles Dodgers Was ticket distribution made at the behest of agency official? No Yes If yes: Supervisor Gloria Molina Official's Name (Last, First) 8. 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) Los Angeles County Employee 2 Per Ticket Policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Income		Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass $\1	4.00
Ticket(s)/Pass(es) provided by agency? Yes No Los Angeles Dodgers Was ticket distribution made at the behest of agency official? No Yes Los Angeles Dodgers Name of Source Supervisor Gloria Molina Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Recipients Use Section C to identify an outside organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonial Role Other Income Income		Dodger Came		The state of the s	,26 ,13	
Was ticket distribution made at the behest of agency official? No Yes If yes: No Yes Supervisor Gloria Molina Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Per Ticket Policy 5.3 (k) Ceremonial Role Other Income Income		LVEIL DESCRIDION	nation	Date(s)		
Was ticket distribution made at the behest of agency official? No Yes Supervisor Gloria Molina Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Ceremonial Role Other Income		Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles Dodgers	
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. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)				_		rce
S. 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 Ticket(s)/ Pass(es) Los Angeles County Employee 2 Per Ticket Policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income	-		No Yes	If yes: Supe		ant First)
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (k) Name of Individual (Last, Pirst) Number of Ticket(s)/ Pass(es) Per Ticket Policy 5.3 (k) Ceremonial Role Other Income Income Ceremonial Role Other Income	_				Official's Name (E	dsi, Fiisij
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy			mit allso So.	ction R to identify an individu	ial a lien Spetion C to identi	fir an autoida argenization
Los Angeles County Employee 2	-		Number of	Samuel Company		NAME OF THE PARTY
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	1	A. Name of Agency, Department or Unit		Describe the pub	lic purpose made pursuant i	to the agency's policy
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	Ĭ	Los Angolos County Employee	2	D. T. I D. I	(1)	
Ticket(s)/ Pass(es) Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income	Į	Los Arigeles County Employee	2	Per licket Policy 5.3	(K)	
Ticket(s)/ Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role Other Income Ceremonial Role Other Income Income						
Ticket(s)/ Pass(es) Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income	Ĺ		Number			
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income	1		Ticket(s)/		Identify one of the following	ng:
If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income	i		Pass(es)	Ceremonial Role	Other D	Income D
				The state of the s	and the second s	income 🗀
	ļ					
						Income
	Г			in checking Geremoni	arrole or other describe below.	
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	(Name of Outside Organization		Describe the publ	lic nurnoso mado nursuant t	a the appendenction
(include address and description) Describe the public purpose made pursuant to the agency's policy Pass(es)	_	(include address and description)		bescribe the publ	no purpose made pursuam t	o the agency's policy
	Γ					
	L					
	Γ					
. 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.	1					the requirements.
Avianna Uribe Ticket Administrator 5/14/13	1				CONT. No. 100	5/14/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:	(Comment:				

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
I. Agency Name			Date Stamp	California 202
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable	<i>∍)</i>			For Official Use Only
First District				
Designated Agency Contact (Name, Title)]	
Avianna Uribe, Ticket Adminstrator		3.0000000000000000000000000000000000000	—	
Area Code/Phone Number E-mail			Amenament (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lac	bos.org	The state of the s	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			T:	34.00
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	54.00
Event Description Dodger Game		Date(s) 05	, 27 , 13	
Provide Title/Expl	anation		ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AI	Name of So	urce
Was ticket distribution made at the behest	No ☐ Yes	Supe	rvisor Gloria Molina	
of agency official?	140-163	If yes: Supe	Official's Name (I	Last, First)
. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	tify 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)	
D. Name of light trees.	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income
		Ceremonial Role	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	Pass(es)			
Verification I have read and understand FPPC Regulations 18944.1 and Aviant Signature of Agency Head or Designee	18942. I have ve na Uribe Print Nan	Ticke	et Administrator	6/14/13
	<i>-пп</i> мап		Title	(Month, Day, Year)
Comment:			CONTRACTOR OF THE CASE OF THE	

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Documen	
Agency Name			Date Stamp	California 802	
Los Angeles County Board of Superv	Los Angeles County Board of Supervisors			TOTH	
Division, Department, or Region (If App	Division, Department, or Region (If Applicable)			For Official Use Only	
First District					
Designated Agency Contact (Name, Title	Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Adminstrator					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
(213) 974-4111 Molina	@lacbos.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Information				34.00	
Does the agency have a ticket policy?	Does the agency have a ticket policy? Yes No Face Value of				
			,28 ,13		
Provide Title/Explanation					
Ticket(s)/Pass(es) provided by agency? Yes No If no: Los An			ngeles Dodgers		
	_		Name of So	ource	
Was ticket distribution made at the beh of agency official?	iest No Ves	If yes: Supe	rvisor Gloria Molina Official's Name	(I and Firms)	
			Oniciai s ivame i	(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	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ke o zast. Ijwat je japina, ke	The second of the second	
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the pub	lic purpose made pursuan	t to the agency's policy	
*					
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ina	
(Lest, First)	Pass(es)			mg.	
		Ceremonial Role	Other X	Income	
Fuhrman, Jon	2	ir checking Ceremoni	al Role" or "Other" describe below:		
		Per Ticket Policy 5.3	(h)		
		Ceremonial Role	Other _	Income T	
		Annual contraction of the second	al Role" or "Other" describe below:	_	
		L			
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
	Pass(es)				
l					
Verification			100 May 100 Ma	100 to 100	
I have read and understand FPPC Regulations 1894		1		th the requirements.	
	Avianna Uribe		et Administrator	5/17/13	
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)	

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)				For Official Use Only			
	First District							
	Designated Agency Contact (Name, Title)							
	Avianna Uribe, Ticket Adminstrator							
	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	ı						
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	99.00					
	Event Description Concert at Disney Hall	Yes⊠ No	Date(s) 05	,02 13				
	Provide Title/Expla	nation	Date(s)					
	Ticket(s)/Pass(es) provided by agency?	ilharmonic						
			If no: Name of Source					
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina	act First			
				Official's Name (I	_ast, r-irst)			
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	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
		1 455(45)						
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:				
	(Last, First)	Pass(es)		identity one of the followi	ng:			
			Ceremonial Role	Other X	Income 🔲			
	Chase, Loretta	2	If checking "Ceremon	ial Role" or "Other" describe below:				
			Per Ticket Policy 5.3 (h)					
			Ceremonial Role Other Income					
			If checking "Ceremon	al Role" or "Other" describe below:				
	L							
	Name of Outside Organization (Include address and description)	Number of Ticket(s)/		lic purpose made pursuant	to the agency's policy			
		Pass(es)						
	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.							
		NO. 10. NO. 10.09	h the requirements.					
Avianna Uribe				et Administrator	5/14/13			
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day Year)			
	Comment:							
					FPPC Form 802 (4/12)			
			i	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)			

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Los Angeles County Board of Supervisors	AND AND A CONTRACTOR OF THE PARTY OF THE PAR			TOTTI	
Division, Department, or Region (If Applicable)			For Official Use Only	
First District					
Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Adminstrator	5.				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				99.00	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	99.00	
Event Description Concert at Disney Hall Provide Title/Expla	nation	Date(s) 05	,10 ,13		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Ph	ilharmonic Name of So	NITCO	
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina		
of agency official?	140-1162	ir yes:	Official's Name (Last, First)	
3. Recipients					
Use Section A to identify the agency's department or u	THE RESERVE OF THE PERSON NAMED IN	ction B to identify an individu	al. • Use Section C to iden	tify 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	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role	Other X	Income 🔲	
Rodriguez, Bertha	2	Per Ticket Policy 5.3	(h)		
		Ceremonial Role If checking "Ceremonial If checking "Ceremonial Role If checking "Ceremonial Role	Other Dal Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
. Verification I have read and understand FPPC Regulations 18944.1 and	18042 have ve	rified that the distribution art fo	dh abaar ta ta		
1 / 1	a Uribe		nn above, is in accordance with et Administrator	Title requirements.	
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
				gworiur, Day, rear)	
Comment:		wife()			

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				roim
	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			Ī,	99.00
	Does the agency have a ticket policy?	Yes🗵 No	Face Value o	f Each Ticket/Pass \$	99.00
	Event Description Concert at Disney Hall Provide Title/Expla	nation	Date(s) 05	, 25 , 13	
	Ticket(s)/Pass(es) provided by agency?	Yes No	ĭf no: LA Phi	Ilharmonic Name of So	urce
	Was ticket distribution made at the behest	No□ Yes	☑ If yes: Supe	ervisor Gloria Molina	
	of agency official?	110-22 100	- 11 yes	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)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	ISD - Youth Career Development Program	2	Per Ticket Policy 5.3	s (h & j)	
	1100 N. Eastern Ave., LA, CA 90063				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role If checking "Ceremoni	Other All Andrews of the Control of	Income
			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)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	(molade address and description)	Pass(es)			
_	Verification				
50) (8)	I have read and understand FPPC Regulations 18 <u>944.1 and 1</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
	Signature of Agency Head or Designee	a Uribe		et Administrator	5/14/13 (Month, Day, Year)
	Comment:				(Agritus, Day, Tedi)
	O CHILLIOTE, SECTION OF THE PROPERTY OF THE PR				

Cer	emonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. A	gency Name				Date Stamp	California 202
Lo	s Angeles County Board o	of Supervisors				Form 002
Div	rision, Department, or Region (If Applicable)					For Official Use Only
Fir	st District					
De	signated Agency Contact	(Name, Title)]	
A۱	vianna Uribe, Ticket Admir	nstrator				
	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	13) 974-4111	Molina@lacl	oos.org	×44	Date of Original Filing:	(Month, Day, Year)
	unction or Event Infor					99.00
	es the agency have a ticke	4.1.5.00 (1807)	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	75.00
Ev	ent Description Concert at	Disney Hall		Date(s) 05	, 28 , 13	
		Provide Title/Expi	anation		ilharmonic	
Tic	ket(s)/Pass(es) provided by	y agency?	Yes No	If no:	Name of Sou	Irce
Wa	as ticket distribution made a	t the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
	f agency official?		140-	a li yes.	Official's Name (L	ast, First)
B. Re	ecipients					
• U:	se 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.
Α.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
В.	Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	ardasa Diana			Ceremonial Role If checking "Ceremoni	Other X	Income
Ca	irdoso, Diego		2	Per Ticket Policy 5.3	(h)	
•				Ceremonial Role	Other All Role" or "Other" describe below:	Income
Г				in directing occurrence	arrole or other describe below.	
C.	Name of Outside Organ		Number of Ticket(s)/	December 41 a multi	ic purpose made pursuant (
	(include address and desc	cription)	Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
						1
					-	
<u></u>						
	rification e read and understand FPPC Regula	ations 18944 1 and	18942 have ve	prified that the distribution set for	dh shove is in secondars with	the requirements
	VI		na Uribe		et Administrator	C Rolp
_	Signature of Agency Head or Designee		Print Nam		Tille	(Month, Pay, Year)
						gworter, pay, rear)
Cor	mment:					

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				FOIIII OC	
	Division, Department, or Region (If Applicable,			For Official Use Only		
	First District					
	Designated Agency Contact (Name, Title)					
	Avianna Uribe, Ticket Adminstrator					
	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	Manufacture and the second		ı		
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	68.00	
	Event Description Concert at Disney Hall					
	Provide Title/Expla	nation	Date(s) 05			
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Ph	ilharmonic		
			_	Name of So	urce	
	Was ticket distribution made at the behest of agency official?	No Ves	If yes: Supe	rvisor Gloria Molina Official's Name (I	act Fireft	
		W. W. Carlotte		Oniciai s Name (L	-ast, rirst)	
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.					
		Arriva de la lagrada a plantación	TO SERVICE SERVICES OF THE PROPERTY OF THE PRO			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Describe the pub		olic 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)			79	
			Ceremonial Role	Other X	Income	
	Cardoso, Diego	2				
			Per Ticket Policy 5.3 (h)			
			Ceremonial Role Other Income Income			
1			If checking "Ceremonial Role" or "Other" describe below:			
ı	Name of Outside Organization	Number of :				
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)			Describe the publ	ic purpose made pursuant	to the agency's policy	
ı						
	Verification		I			
	have read end understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for			rth above, is in accordance with	the requirements.	
Avianna Uribe Signature of Agency Head or Designee Print Name				et Administrator	5/14/62	
			е	Title	(Month, Day, Year)	
	Commont.					
	Comment:		- A - L		FPPC Form 802 (4/12)	
			F	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)	