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): 05 01 13
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - 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 (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role [ ] Other [x]
   - Income [ ]
   - 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 18944.1 and 18947. 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): 5/14/13

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) 05 06 13
If no:
Name of Source [Los Angeles Dodgers]
If yes:
Name of Source Supervisor Gloria Molina
Official's Name (Last, First)

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

#### A. Name of Agency, Department or Unit
<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>ISD - Youth Career Development Program</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h &amp; j)</td>
</tr>
<tr>
<td>1100 N. Eastern Ave., LA, CA 90063</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<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>EML FRM</td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>(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
Ticket Administrator
Print Name
Title
(Date, Month, 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
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 [X] No [ ]
- **Event Description**: Dodger Game
  - **Provide Title/Explanation**:
- **Face Value of Each Ticket/Pass**: $34.00
- **Date(s)**: 05/07/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If no**: Los Angeles Dodgers
  - **Name of Source**:
- **Was ticket distribution made at the behest of agency official?** No [X] 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.

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arriola, Lupe</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>
  - **Ceremonial Role** [ ]
  - **Other** [X]
  - **Income** [ ]

If checking "Ceremonial Role" or "Other" describe below:

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

### 4. Verification

I have read and understand FPPC Regulations 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**:
- **Date (Month, Day, Year)**: 5/14/12

**Comment:**

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

### 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)** 05 08 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

### 3. Recipients
- **Name of Agency, Department or Unit** Board of Supervisors 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)

### 4. Verification
- **Signature of Agency Head or Designee** Avianna Uribe
- **Print Name** Ticket Administrator
- **Title**
- **Date** 5/14/13

---

**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

**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 [x]

**Event Description**
Dodger Game

**Face Value of Each Ticket/Pass** $34.00

**Date(s)**
05 10 13

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

**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>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>ISD - Youth Career Development Program</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h &amp; j)</td>
</tr>
<tr>
<td>1100 N, Eastern Ave., LA, CA 90063</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942.1. 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

Date (Month, Day, Year): 5/14/13

Comment:

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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**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Los Angeles County Board of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region</td>
<td>First District</td>
</tr>
<tr>
<td>Designated Agency Contact</td>
<td>Avianna Uribe, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(213) 974-4111</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

California Form 802
For Official Use Only

**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] |
| Name of Source | Los Angeles Dodgers |
| Official's Name (Last, First) | Supervisor Gloria Molina |
| Face Value of Each Ticket/Pass | $34.00 |
| Date(s) | 05 11 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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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: Avianna Uribe
Print Name: Ticket Administrator
Title: 
(Month, Day, Year) 5/14/13

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@lacobos.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 34.00
   Event Description Dodger Game
   Date(s) 05 12 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source
   Los Angeles Dodgers
   If no:
   If yes:
   Supervisor Gloria Molina
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understood FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Avianna Uribe  Ticket Administrator  5/14/13
   Signature of Agency Head or Designee  Print Name  Title (Month, Day, Year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $34.00
   Event Description: Dodgers Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Name of Source
   If yes: Supervisor Gloria Molina
   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
      Board of Supervisors Employee
      2
      Per Ticket Policy 5.3 (k)

   B. Name of Individual (Excl. Perf)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [X] Income [ ]
      If checking 'Ceremonial Role' or 'Other' describe below:
      Ceremonial Role [ ] Other [X] Income [ ]
      If checking 'Ceremonial Role' or 'Other' describe below:
      Ceremonial Role [ ] Other [X] Income [ ]
      If checking 'Ceremonial Role' or 'Other' describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 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: Molina
   Title: Supervisor
   Date (Month, Day, Year): 5/14/13

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
   Face Value of Each Ticket/Pass: $34.00
   Date(s): 05/14/13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   if no: Los Angeles Dodgers
   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.

   ** A. Name of Agency, Department or Unit **
   ** Number of Ticket(s)/Pass(es) **
   ** Describe the public purpose made pursuant to the agency’s policy **

   Board of Supervisors Employee
   2
   Per Ticket Policy 5.3 (k)

   ** B. Name of Individual (Last, First) **
   ** Number of Ticket(s)/Pass(es) **
   ** Identify one of the following: **

   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and 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: Date (Month, Day, Year): 5/14/13

   Comment:
**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): 05 15 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.

   **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]
   - 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:
   - 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 19941 and 19842. 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): 5/4/13

   Comment: [ ]
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Los Angeles County Board of Supervisors**

### 2. Function or Event Information
- **Event Description:** Dodger Game
- **Face Value of Each Ticket/Pass:** $34.00
- **Date(s):** 05/24/13

### 3. Recipients

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/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>

#### B. Name of Individual (last, first)
- **Name of Individual:** 
- **Number of Tickets/Pass(es):** 
- **Ceremonial Role:**
- **Other:**
- **Income:**

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

### 4. Verification
- **Avianna Uribe**
- **Ticket Administrator**
- **Signature of Agency Head or Designee:**
- **Month/Day/Year:** 05/11/13

**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**
   - Face Value of Each Ticket/Pass $34.00
   - Event Description: Dodger Game
   - Date(s): 05 26 13
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Name of Source: 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 / Number of Ticket(s)/Pass(es) / Describe the public 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:
     - Ceremonial Role / Other / Income
       - Ceremonial Role / Other / Income

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

4. **Verification**
   - I have read and understand FPPC Regulations 16944.1 and 16942. 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:**
   - **Title:** Ticket Administrator
   - **Date:** 5/14/13
   - **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

Date Stamp California Form 802
For Official Use Only

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
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 Name
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 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 Ticket Administrator (6/14/13)
Print Name Title

Comment:


**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

<table>
<thead>
<tr>
<th><strong>1. Agency Name</strong></th>
<th>Los Angeles County Board of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>First District</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Avianna Uribe, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(213) 974-4111</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

**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) | 05/28/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes [ ] No [x] |
| Name of Source | Los Angeles Dodgers |
| Was ticket distribution made at the behest of agency official? | No [ ] Yes [x] |
| 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><strong>A.</strong> 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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B.</strong> Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuhrman, Jon</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C.</strong> 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>
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</tbody>
</table>

**4. Verification**

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

Signature of Agency Head or Designee: Avianna Uribe

Print Name: Ticket Administrator

Title: 5/17/13

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

**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:**

**2. Function or Event Information**

**Does the agency have a ticket policy?** Yes [x] No [ ]

**Face Value of Each Ticket/Pass $** 99.00

**Event Description** Concert at Disney Hall

**Date(s) 05 02 13**

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

**If no: LA Philharmonic**

**Name of Source**

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

**If yes: Supervisor Gloria Molina**

**Official’s Name (Last, First)**

**3. Recipients**

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

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

**Number of Ticket(s)/Pass(es)**

**Describe the public purpose made pursuant to the agency’s policy**

**B. Name of Individual**

(First, Last)

**Number of Ticket(s)/Pass(es)**

**Identify one of the following:**

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

**If checking “Ceremonial Role” or “Other” describe below:**

**Per Ticket Policy 5.3 (h)**

**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 16844.1 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
Ticket Administrator

Print Name

Title

(5/14/13)

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Face Value of Each Ticket/Pass: $99.00
   - Date(s): 05 10 13
   - Event Description: Concert at Disney Hall
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: LA Philharmonic
   - Name of Source:
   - If yes: Supervisor Gloria Molina
   - Official's Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role [ ] Other [X]
   - Income [ ]
   - Per Ticket Policy 5.3 (h)
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - If checking "Ceremonial Role" or "Other" describe below:

   **Rodriguez, Bertha**
   **2**

   **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 1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: [Signature]
   Print Name: Avianna Uribe
   Title: Ticket Administrator
   Date of Filing: 5/13/13

   Comment: 

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
Los Angeles County Board of Supervisors  
Division, Department, or Region (If Applicable)  
First District  
Designated Agency Contact (Name, Title)  
Avianna Uribe, Ticket Administrator  
Area Code/Phone Number 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: Concert at Disney Hall  
Face Value of Each Ticket/Pass $99.00  
Date(s)  
05/25/13  
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]  
If no: LA Philharmonic  
Name of Recipient: 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  
ISD - Youth Career Development Program  
2  
Per Ticket Policy 5.3 (h & j)  
1100 N. Eastern Ave., LA, CA 90063  

B. Name of individual  
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 16344.1 and 16344.2. I have verified that the distribution set forth above is in accordance with the requirements.  
Avianna Uribe  
Ticket Administrator  
5/14/13  
Signature of Agency Head or Designee  
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Concert at Disney Hall
   Face Value of Each Ticket/Pass $99.00
   Date(s) 05 28 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   Name of Source
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      
      

   B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
      Cardoso, Diego 2 Ceremonial Role ☑ Other ☐ Income ☐
      Per Ticket Policy 5.3 (h)
      Ceremonial Role ☑ Other ☐ 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
      (include address and description)


4. Verification
   I have read and understand FPPC Regulations 19244.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.
   Avianna Uribe, Ticket Administrator
   Signature or Agency Head or Designee

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 [x]  No [ ]
- **Event Description**: Concert at Disney Hall
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ]  No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x]  No [ ]
- **Face Value of Each Ticket/Pass $**: 168.00
- **Date(s)**: 05/28/13
- **If no**: LA Philharmonic
- **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.**

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

| Name of Individual                  | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ]  Other [x]  Income [ ]
<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td>Cardoso, Diego</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
- **Signature of Agency Head or Designee**: Avianna Uribe
- **Print Name**: Ticket Administrator
- **Title**: (Month, Day, Year)
- **Comment**:

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*I have read and understand FPPC Regulations 19344 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.*

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