Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	
Los Angeles County Board of Supervisors				Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
First District			1	
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@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		. ,		
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	34.00
Event Description Dodger Game  Provide Title/Expl.	Event Description Dodger Game Date(s) 06			
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	
. Recipients	· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ 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)/		Identify one of the followi	
(Last, First)	Pass(es)		identity one of the jollow	119.
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
			70-70-70	
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 Jaderstand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements/
Aviann	a Uribe	Ticket	t Administrator	7/1/8
Signature of Agency Head or Designee	Print Nam	e	Tille	(Month, Day, Year)
Comment:		2.70E307000 - 000000000		

A Public Document

1.	Agency Name		7 CARDON C	C Nome to the second	Date Stamp	California 802
	Los Angeles County Board o	Board of Supervisors				ACCUMANTAL OF THE PARTY OF THE
1	Division, Department, or Reg	gion (If Applicable)				For Official Use Only
	First District		***************************************	M		
	Designated Agency Contact (	Name, Title)		· · · · · · · · · · · · · · · · · · ·		
	Avianna Uribe, Ticket Admin	istrator		· · · · · · · · · · · · · · · · · · ·		
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ 34	1.00
	Event Description Dodger G			Date(s) 06	,04, 13	
		Provide Title/Expl		Los Ar	ngeles Dodgers	
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	If no:	Name of Sour	се
	Was ticket distribution made a	it the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?				Official's Name (La	st, First)
3.	Recipients				THE PARTY OF THE P	**************************************
	Use Section A to identify the agency	y's department or		ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
		······································				
	B. Name of Individual	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	Other X	income 🔲
	Zamora, Raquel		2	If checking "Ceremon	al Role" or "Other" describe below:	
				Per Ticket Policy 5.3	(h)	
				Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	_
			Number of .			
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
1			Pass(es)		tall at the structure of the second s	
-		The Ampenins				
_	Monification /					
	Verification I have read and understand FPPC Regul	lations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with a	the requirements.
	, Vh		na Uribe		t Administrator	7/1//2
	Signalure of Agency Head or Designee		Print Nan		Title	(Month, Day, Year)
						(4
	Comment:			VI I CONTROL OF THE PROPERTY O		

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802
Los Angeles County Board of Supervisors	Los Angeles County Board of Supervisors			Form OUZ
Division, Department, or Region (If Applicable	e)		4	For Official Use Only
First District		to the security to a substitute of the security of the securit		
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[-	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 4	4.00
Event Description Dodger Game	anation	Date(s) 06	,05 ,13	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles Dodgers Name of Sou	rce
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?	1404	ii yes,	Official's Name (L	ast, First)
3. Recipients				***************************************
Use Section A to identify the agency's department or	7	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organizatîon.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other 🗵	Income
Jimenez, Nubia	2	If checking "Ceremoni	al Role" or "Other" describe below:	
January Company		Per Ticket Policy 5.3	(h)	
		Ceremonial Role  If checking "Ceremoni	Other Cal 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 t	o the agency's policy
. Verification /				
I have read and Inderstand FPPC Regulations 18944.1 and				the requirements.
7.	na Uribe		t Administrator	
Signature of Agency Head or Designee	Print Nam	пе	Title	(Month, bay, Year)
Comment:				

ceremonial Role Events and Tic	Reurass	Distributions		A Public Documen
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 Administrator				
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			3,	4.00
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	1.00
Event Description Dodger Game		Date(s) 06	,06 ,13	
Provide Title/Expla	anation		ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AT	Name of Sou	rce
Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	
of agency official?	No eres	If yes:	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or to	mit. • Use Se	ction B to identify an individu	ıal. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role  If checking "Ceremoni	Other X	income
Delgado, Lydia	2	Per Ticket Policy 5.3	(h)	
		Ceremonial Role	Other U	Inama F
			al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
	. 355(65).			A DESCRIPTION OF THE PROPERTY
		*:		
<u></u>				
. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set for	odh above is in accordance with	the requirements / /
//	a Uribe		t Administrator	7///>
signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
	19		500.00 <sup>4</sup>	41, 100
Comment:				

Ceremonial Role Events a	ind Ticke	et/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Los Angeles County Board of Sup	pervisors				TOTIL
Division, Department, or Region (	f Applicable)	***************************************			For Official Use Only
First District					
Designated Agency Contact (Name	e, Title)				
Avianna Uribe, Ticket Administra	tor			- Amandment (Must	
Area Code/Phone Number E-m				Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Mo	lina@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Informati	97.5.5.5.0		345	[:	34.00
Does the agency have a ticket poli	cy? Y∈	s No		f Each Ticket/Pass \$	74.00
Event Description Dodger Game	de Title/Explana	lion	Date(s) 06	,07 ,13	
Ticket(s)/Pass(es) provided by age		s□ No	los Ar	ngeles Dodgers	
				Name of So	urce
Was ticket distribution made at the of agency official?	behest N	o Yes	If yes: Supe	rvisor Gloria Molina	1 7 0
				Official's Name (I	_ast, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's dep</li> </ul>	artment or unit	a Hea Sa	ation B to identify an individu	al attac Sastian Cas ideas	
A. Name of Agency, Department or I		Number of	2 1 2 K 2 K 2 K 2 K 2 K 2 K 2 K 2 K 2 K		National Report of the Party Comments
Name of Agency, Department of C	Jille .	Ticket(s)/ Pass(es)	Describe the publ	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 🗵	Income
Rodriguez, Jesus		2	If checking "Ceremonia	al Role" or "Other" describe below:	
			Per Ticket Policy 5.3 (	h)	
			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
		_			
C. Name of Outside Organization	1	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's noticy
(include address and description	on)	Pass(es)		io parpose made parsuant	to the agency's policy
					to have the control of the control o
Verification  I have read and understand FPPC Regulations	100111				, ,
Thave read and understand I FFC Regulations	Avianna l			nn above, is in accordance with t Administrator	the requirements.
Signature of Agency Head or Designee		Print Nam		Tille	
		r init rydii		ride	(Month, Bay, Year)
Comment:				100 C 200 C	

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)		West Control of the C		*
	Avianna Uribe, Ticket Administrator	- Marin			
	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:	
2	Function or Event Information				(Month, Day, Year)
_,		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	34.00
		163-110		,08 13	
	Event Description Dodger Game  Provide Title/Expla	nation	Date(s) 06		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles Dodgers	
	ricket(e)/r dee(ee) provided by agency:	res I IVO	_	Name of Soi	urce
	Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?			Official's Name (L	.ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
	8				
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other 🗵	Income 🔲
	Maglio, Mike	2	If checking "Ceremoni	al Role" or "Other" describe below:	
			Per Ticket Policy 5.3 (	(h)	
			Ceremonial Role	Other	Income
			**************************************	al Role" or "Other" describe below:	
		L			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/		ic purpose made pursuant	to the agency's policy
		Pass(es)			
	L				
4.	Verification  I have read and understand FPPC Regulations 18944.1 and	18942   have ve	prified that the distribution and fo	orth shows to in secondaria!!!	the requirements
	Aviann			t Administrator	Title requirements.
	Signature of Agency Head or Designee	Print Nam		Title	(Monfin, Day, Year)
				THE	(wonjin, Day, Year)
	Comment:				
			F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Ceremonial Role Events and	d Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Superv	visors			Form OUZ
Division, Department, or Region (If Ap				For Official Use Only
First District			1	
Designated Agency Contact (Name, Titi	le)		1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molina	a@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	Face Value of	of Each Ticket/Pass \$	34.00
Event Description Dodger Game		Date(s) 06	,09 ,13	
Provide T	Title/Explanation			
Ticket(s)/Pass(es) provided by agency	√? Yes□ No	if no: Los Ar	ngeles Dodgers	
18/a- Aight Aight Aight 18 an ann an an Aite an an		Supe	Name of Servisor Gloria Molina	Tource
Was ticket distribution made at the bel of agency official?	hest No Ves	If yes: Supe	Official's Name	(Last, First)
		7		
<ol> <li>Recipients</li> <li>Use Section A to identify the agency's departer</li> </ol>	nent or unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ide	ntîfy an outside organization.
A. Name of Agency, Department or Unit	Number of	10 CALLERY SERVE FOR THE OWN	lic purpose made pursuar	· College Section type 7
A. Name of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe tile pub	iic purpose made pursuar	it to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:
	Pass(es)	Ceremonial Role	Other 🔀	
1			Other X ial Role" or "Other" describe below.	Income
Fuhrman, Jon	2	Per Ticket Policy 5.3	(b)	
		Tel Ticket Folicy 5.5	(11)	
		Ceremonial Role		Income
		il checking Geremon.	ial Role" or "Other" describe below.	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
. Verification				1
I have read and understand FPPC Regulations 1894				vith the requirements.
	Avianna Uribe	Ticke	t Administrator	~/////
Signature Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				
Comment.		201.11		FPPC Form 802 (4/12)
		1	FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

### Agoney Poport of

Comment:

		Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form
Division, Department, or Region (If Applicable)	)			For Official Use Only
First District	The second second			
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must)	provide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.ora		Date of Original Filing:	
2. Function or Event Information	3			(Month, Day, Year)
	v. 🔽 v	□ Face Value o	of Each Ticket/Pass \$	34.00
	Yes No			
Event Description Dodger Game		Date(s) 06	,10 ,13	
Provide Title/Expla		Los Ar	ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Los / 1	Name of Sc	ource
Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	
of agency official?	No Yesi	If yes:	Official's Name (	(Last, First)
3. Recipients				
<ul> <li>Use Section A to identify the agency's department or u</li> </ul>	mit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization
	Number of		Art in the State Wilder (1987)	The property of
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		Tagan Taganat In	
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other 🔀	Income
Negrete, Art	2	If checking "Ceremon	ial Role" or "Other" describe below:	
Negrete, Art		Per Ticket Policy 5.3	(h)	
		Ceremonial Role		Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
1				
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)	100	Salfara, Bro-Carris,	
. Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	a Hriba	Ticko	t Administrator	
Aviann	a Office	Ticke	t Administrator	

Ceremonial Role Events and Tici	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				rom -
Division, Department, or Region (If Applicable,	)		4	For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator			<b>—</b>	
Area Code/Phone Number E-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 Information				34.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ L	
Event Description Dodger Game		Date(s) 06	/ 11 / 13	
Provide Title/Expla		_ Los Ai	ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sc	urce
Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?		,00,	Official's Name (	Last, First)
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 iden	tify 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
	1 435(03)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other X	Income 🔲
Clares Hinds			ial Role" or "Other" describe below:	income
Chong, Linda	2	Per Ticket Policy 5.3	(h)	
			<del> </del>	
		Ceremonial Role  If checking "Ceremon	Other   ial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/		lic purpose made pursuant	to the agency's policy
(morado decisos una decisirpatori)	Pass(es)			
Varification				
Note in the value of the second secon	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements!
// /	a Uribe		t Administrator	7/1/15
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
Comment:	A-380000	Classic Control of the Control of th		

beremonial Role Events and Ti	CREUFASS	Distributions		A Public Document	
. Agency Name	Date Stamp	California 802			
Los Angeles County Board of Supervisor	rs .			Form OUZ	
Division, Department, or Region (If Application)			1	For Official Use Only	
First District	First District				
Designated Agency Contact (Name, Title)	1				
Avianna Uribe, Ticket Administrator		<u> </u>	1		
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
(213) 974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information				34.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	54.00	
Event Description Dodger Game		Date(s) 06	, 12 , 13		
Provide Title/Ex	xplanation		ngeles Dodgers		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS A	Name of So	ource	
Was ticket distribution made at the behest	No <b>□</b> Yes	If yes: Supe	ervisor Gloria Molina		
of agency official?	1400 165	il yes.	Official's Name (	Last, First)	
. Recipients					
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency and the agency and the section A to identify the agency and the section A to identify the agency and t		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	t to the agency's policy	
	Pass(es)				
B. Name of Individual	Number of				
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role	Other 🗵	Income	
Wash, Ruth	2		ial Role" or "Other" describe below:		
		Per Ticket Policy 5.3	(h)		
		Ceremonial Role	Other _	Income	
		If checking "Ceremon	ial Role" or "Other" describe below:		
C Name of Outside Organization	Number of .				
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
. Verification					
I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.	
// (/	nna Uribe		et Administrator	7/1/13	
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
Comment:		***		EDDC Form 000 /4/40	
			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772	

# A Public Document

1. Agency Name	***		Date Stamp	California 802	
Los Angeles County Board of Supervisors	Los Angeles County Board of Supervisors			Form 002	
Division, Department, or Region (If Applicable,	)			For Official Use Only	
First District	First District				
Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(213) 974-4111 Molina@lacb	os.ora		Date of Original Filing:		
2. Function or Event Information	9			(Month, Day, Year)	
	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	4.00	
Dadaar Cama	TESE INO	The state of the s	,24 13		
Event Description Dodger Game  Provide Title/Explain	nation	Date(s) 06		/	
		If no:	ngeles Dodgers		
Ticket(s)/Pass(es) provided by agency?	Yes No	II no.	Name of Sou	rge	
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina		
of agency official?			Official's Name (La	ast, First)	
3. Recipients					
Use Section A to identify the agency's department or a		ction B to identify an individu	ial. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Pass(es)				
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
	1 400(00)	Ceremonial Role	Other X	Income 🗍	
Canada Ana	_	6117/1 8000-0177889 337 61.5 (877 D-0177 V) 5 (872 D-0177 V)	al Role" or "Other" describe below:		
Gonzalez, Ana	2	Per Ticket Policy 5.3	(h)		
			_		
		Ceremonial Role	Other L	Income	
		ii checking Geremoni	al Role of Other describe pelow.		
C. Name of Outside Organization	Number of .				
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
4. Verification		li .	The second secon		
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.1	
// /	ia Uribe		t Administrator	7/1/17	
Signatule of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)	
				yy., 25,, 155,	
Comment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
Los Angeles County Board of Supervisors	endring consider a children with both			Form 802
Division, Department, or Region (If Applicable	)			For Official Use Only
First District	***************************************			
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				<u> </u>
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 o	of Each Ticket/Pass \$	34.00
Event Description Dodger Game		Date(s) 06	, 25 , 13	
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS Ar	ngeles Dodgers	
Mas ticket distribution made at the bekt	П	Sune	Name of Sou rvisor Gloria Molina	di vi
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name (L	.ast, First)
			·	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or u</li> </ul>	ınit. • Use Se	ction 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)	y the same water of the Man	lic purpose made pursuant	Thirty of the control
Daniel of Committee of Committe				
Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (K)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
(Last, First)	Pass(es)			
		Ceremonial Role  If checking "Ceremoni	Other describe below:	Income
		Ceremonial Role  If checking "Ceremoni	Other Galler or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
				2
1. Verification				, ,
I have read and understand FPPC Regulations 18944.1 and				the requirements.
	ia Uribe		t Administrator	
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Uay, Year)
Comment:		MANAGE STATE OF THE STATE OF TH		
Comment.			EDDC Toll-Eros Halpling: 9	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
			Ton Tree Helping. 0	JUNE 11 1 0 (000)210-1112)

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California QA2	
Los Angeles County Board of Supervisors	S			Form 802	
Division, Department, or Region (If Applicab				For Official Use Only	
First District					
Designated Agency Contact (Name, Title)			1		
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(213) 974-4111 Molina@lac	cbos.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 \$ 🚨	4.00	
Event Description Dodger Game		Date(s) 06	,26 ,13		
Provide Title/Exp Ticket(s)/Pass(es) provided by agency?	yes□ No	Los Ar	ngeles Dodgers		
			Name of Sou	rce	
Was ticket distribution made at the behest	No Ves	If yes: Supe	rvisor Gloria Molina		
of agency official?			Official's Name (L	ast, First)	
3. Recipients					
Use Section A to identify the agency's department or	Number of	ction B to identify an Individu	ial. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy	
Board of Supervisors Employee 2 Per Ticket P		Per Ticket Policy 5.3	5.3 (k)		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following		
(Last First)	Pass(es)		identity one of the following	19•	
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
		il checking Ceremoni	al Role of Other describe below:		
		Ceremonial Role  If checking "Ceremoni	Other Other Other Other" describe below:	Income	
		VI			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	o the agency's policy	
l. Verification					
I have read and understand FPPC Regulations 18944.1 an	nna Uribe	Ticke	orth above, is in accordance with t Administrator	the requirements.	
Signature of Agency Head or Designee	Print Nam	ne	Title	(Modth, Day, Year)	
Comment:					

Los Angeles County Board of Supervisors   Division, Department, or Region (if Applicable)   For Official Use Only	C	eremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
Los Angeles County Board of Supervisors   For Official Use Octy	1.	Agency Name			Date Stamp	California QA2
Division, Department, or Region (#Applicable) For Official Use Cirily First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number (213) 974-4111 Molina@lacbos.org Date of Original Filing: (213) 974-4111 Molina@lacbos.org  2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) 06 27 13						
Designated Agency Contact (Name, Tritie)  Avianna Uribe, Ticket Administrator  Area Code/Phone Number   E-mail   2(213) 974-4111   Molina@lacbos.org   Date of Original Filing: (Monit, Day, Year)  2. Function or Event Information Does the agency have a ticket policy?   Yes   No   Event Description   Dodger Game   Provice TitleExplanation Ticket(s)/Pass(es) provided by agency?   Yes   No   Was ticket distribution made at the behest of agency official?   Official's Name of Source						For Official Use Only
Avianna Uribe, Ticket Administrator  Area Code/Phone Number   E-mail     213 y74-4111   Molina@lacbos.org   Date of Original Filling:   (Month, Day, Year)		First District			Ì	
Area Code/Phone Number   E-mail		Designated Agency Contact (Name, Title)			]	
Area Code/Phone Number   E-mail		Avianna Uribe, Ticket Administrator			<b>—</b>	
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?  3. Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section A to identify the agency's policy - Pass(es)  B. Name of Agency, Department or Unit  Carrion, Anna  Carrion, Anna  Carrion, Anna  Number of Individual - Individ		Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy?  Event Description  Dodger Garme  Provide Title/Explanation Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?  3. Recipients  - Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  B. Name of Individual (aut Freq)  Carrion, Anna  Carrion, Anna  2. Describe the public purpose made pursuant to the agency's policy Pass(es)  Carrion, Anna  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  Pass(es)  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  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Per Ticket Policy 5.3 (h)  Ceremonial Role of Other of Ticket(s)/Pass(es)  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  Pass(es)  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  Pass(es)  Describe the public purpose made pursuant to the agency's policy		(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
Event Description   Dodger Garme	2.	Function or Event Information			[_	
Event Description Dodger Game    Provide Title Explanation   Date(s)   O6   27   13		Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ 4	4.00
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.  Number of Ticket(s)/ Pass(es)  B. Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  Carrion, Anna  2    Ceremonial Role   Other   Income   Inco		LVent Description			, 27 , 13	
Was ticket distribution made at the behest of agency official?  No Yes Supervisor Gloria Molina of agency official?  Recipients  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)  B. Name of Individual (Last Frain)  Carrion, Anna  Number of Ticket(s)/ Pass(es)  Carrion, Anna  Describe the public purpose made pursuant to the agency's policy income		Tide (CAID)		Los Ai	ngeles Dodgers	
of agency official?  Number of Section A to identify the agency's department or unit.  Number of Ticket(s)' Pass(es)  B. Name of Individual (Last Pas)    Carrion, Anna		Ticket(s)/Pass(es) provided by agency?	Yes No	X If no:	Name of Sou	rce
A. Name of Agency, Department or Unit  B. Name of Individual (sast First)  Number of Ticket(s)/ Pass(es)  B. Name of Individual (sast First)  Number of Ticket(s)/ Pass(es)  Per Ticket Policy 5.3 (h)  Carrion, Anna  C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Identify one of the following:  Ceremonial Role Other Improve income			No Yes	If yes: Supe		
See Section A to identify the agency's department or unit.   See Section B to identify an individual.   See Section C to identify an outside organization.		of agency official?		.,, , , , , , , , , , , , , , , , , , ,	Official's Name (L	ast, First)
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Pass(es)   Describe the public purpose made pursuant to the agency's policy	3.					
A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  B. Name of Individual  (Last First)  Carrion, Anna  Number of Indexing Genemonial Role or Other Securibe below:  Per Ticket Policy 5.3 (h)  Ceremonial Role of Other income in the describe Delow:  Per Ticket Policy 5.3 (h)  Ceremonial Role or Other describe below:  Commonial Role or Other describe below:  Per Ticket Policy 5.3 (h)  Ceremonial Role or Other describe below:  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)		Use Section A to identify the agency's department or u		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
B. Name of Individual (Last, First)  Carrion, Anna  2  Ceremonial Role Other Mescribe below:  Per Ticket Policy 5.3 (h)  Ceremonial Role 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  Number of Ticket(s)/Pass(es)  New pass(es)  Number of Ticket(s)/Pass(es)		A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant l	o the agency's policy
Carrion, Anna   Carrion, Ann			Pass(es)			
Carrion, Anna   Carrion, Ann						
Carrion, Anna   Carrion, Ann						
Carrion, Anna   Ticket(s)  Pass(es)   Identify one of the following:   Ceremonial Role   Other   Income   If checking "Ceremonial Role" or "Other" describe below:   Income   If checking "Ceremonial Role" or "Other" describe below:   Other   Oth						
Carrion, Anna  2  Ceremonial Role Other Income Income Income Inchesing Ceremonial Role or Other describe below:  Per Ticket Policy 5.3 (h)  Ceremonial Role Other Income I					Identify one of the following	na:
Carrion, Anna  2    If checking "Ceremonial Role" or "Other" describe below:   Per Ticket Policy 5.3 (h)		(Last, riist)	Pass(es)	Living to the state of the stat		
Per Ticket Policy 5.3 (h)  Ceremonial Role Other Income Income  If checking "Ceremonial Role" or "Other" describe below:  C. Name of Outside Organization (include address and description)  Describe the public purpose made pursuant to the agency's policy Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/Pass(es)				A STANDARD OF THE STANDARD OF THE STANDARD OF		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  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy		Carrion, Anna	2			
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)				ref ficket rolley 5.5	(1)	And the second section of the second
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 Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)						Income
Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Describe the public purpose made pursuant to the agency's policy  I. Verification	1			ir checking "Ceremon	ial Role" or "Other" describe below;	
Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Describe the public purpose made pursuant to the agency's policy  I. Verification	-					
(include address and description)  Pass(es)  Pass(es)	-					
		(include addrose and description)		Describe the public purpose made pursuant to the agency's policy		
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.						
///						the requirements.
Avianna Uribe Ticket Administrator 7/1/3	Avianna Uribe			Ticke	t Administrator	
Signature of Agency Head or Designee Print Name Title (Month, Day, War)		Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:		Comment				

Ceremonial Role Events and Ticl	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 (Name, Title)			1	
Avianna Uribe, Ticket Administrator	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				34.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	54.00
Event Description Dodger Game  Provide Title/Expla	nation	Date(s) 06	, 28 , 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	No Yes	× If yes: Supe	rvisor Gloria Molina	
of agency official?	OCCUPATION NOTICE	•	Official's Name (	Last, First)
3. Recipients  • Use Section A to identify the agency's department or u	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	1 - Control - Co	lic purpose made pursuant	
	Pass(es)		-	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
D. Liver Damanda		Ceremonial Role  If checking "Ceremon	Other X ial Role" or "Other" describe below:	income
Rodriguez, Bernardo	2	Per Ticket Policy 5.3	(h)	
		Ceremonial Role  If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
Name of Outside Organization Number of Ticket(s) (include address and description) Pass(es)		Describe the public purpose made pursuant to the agency's policy		
I. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18042   have ve	arified that the distribution set 6	arth above, is in accordance wil	th the manimum of 1
- // /	ia Uribe		t Administrator	7/1//2
Signature of Agency Head or Designee	Print Narr	ne	Title	(Month, Day, Year)
Comment				•

# A Public Document

					A rubile Document	
1. Agency Name	)			Date Stamp	California 802	
Los Angeles Cou	os Angeles County Board of Supervisors				roim 00-	
Division, Departi	nent, or Region (If App	1	For Official Use Only			
First District				1		
	ncy Contact (Name, Title	e)				
	-					
Area Code/Phon	icket Administrator  Brumber   E-mail			Amendment (Must pr	ent (Must provide explanation in Part 3.)	
(213) 974-4111		@lacbos.org		Date of Original Filing:		
	vent Information	endebosiong			(Month, Day, Year)	
		🔽	□ Face Value of	of Foot Ticket/Door #	4.00	
Does the agency	have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$		
Event Description	Dodger Game		Date(s) 06	, 29 , 13		
		tle/Explanation		ngeles Dodgers		
Ticket(s)/Pass(es	) provided by agency	? Yes No	If no: Los Al	Name of Sou	Irce	
Was ticket dietrih	ution made at the beh	est No Yes	Supe	ervisor Gloria Molina		
of agency officia		No Yes	If yes:	Official's Name (L	ast, 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.					
	ency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
		Pass(es)				
				A Company of the		
B. Na	me of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			Ceremonial Role  If checking "Ceremon	onial Role Other Income		
Cojulun, Georgir	na	2				
			Per Ticket Policy 5.3	(h)		
			Ceremonial Role	Other 🔲	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
	Outside Organization Idress and description)	TicketteV Describe the pub		lic purpose made pursuant t	to the agency's policy	
(menade ac	areas and description)	Pass(es)				
				***		
. Verification			31			
I have read and underst	and FPPC Regulations 1894	4.1 and 18942. I have v	erified that the distribution set f	orth above, is in accordance with	the requirements. 1	
Signature of Agency Head or Designee Avianna Uribe  Print Name			Ticke	et Administrator	17/1/12	
				Title	(Month, Day, Year)	
,					, , , , , , , , , , , , , , , , , , , ,	
Comment:						

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 Administrator					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	Maria de la compansa		J <sub>2</sub>		
	Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ 4	4.00	
	Event Description Dodger Game		Date(s) 06	,30 13		
	Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by agency?	Yes No If no: Los Ar		ngeles Dodgers  Name of Source  ervisor Gloria Molina		
	Was ticket distribution made at the behest	No Yes If yes: Supe				
	of agency official?	No Yes	If yes:	Official's Name (Last, First)		
3.	Recipients					
	Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
		r ass(es)			1	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
		Ceremonial Role		Other X Income		
	Pacheco, Julia	2	If checking "Ceremonial Role" or "Other" describe below:  Per Ticket Policy 5.3 (h)			
			Ceremonial Role Other Income			
			If checking "Ceremoni	al Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)				roda ir i	
			Describe the public purpose made pursuant to the agency's policy			
	Verification					
	I have read and understand FPPC Regulations 18944.1 and				the requirements.	
				t Administrator		
	Signature of Agency Head or Designee	Print Nam	ne -	Title	(Month, Day, Year)	
	Comment:					