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: Dodger Game
   Face Value of Each Ticket/Pass $34.00
   Date(s): 06/03/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Name of Source:
   If yes: Supervisor Gloria Molina
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

4. **Verification**
   I have read and understand FPPC Regulations 19544.1 and 19544.2. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: [ ]
   Date (Month, Day, Year): 7/18

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 [ ]
- **Event Description** Dodger Game

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

**Date(s):** 06-04-13

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

**If no:** Los Angeles Dodgers

**Name of Source:**

**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

Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

### B. Name of Individual

**Name of Individual**

Zamora, Raquel

**Number of Ticket(s)/Pass(es):** 2

**Identity one of the following:**

- Ceremonial Role [ ] Other [X]

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

**Per Ticket Policy 5.3 (h):**

- Ceremonial Role [ ] Other [ ]

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

### C. Name of Outside Organization

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 19641.1 and 19642. 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:**

**Date:** 7/1/13

**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: (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): 06/05/13
   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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☑ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Jimenez, Nubia
      Per Ticket Policy 5.3 (h)

   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 18944.1 and 18944.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Title: Ticket Administrator
   Date: 07/11/13
   Print Name
   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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes □ No □</th>
</tr>
</thead>
</table>

**Event Description:**
Dodger Game

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

**Date(s):**
06 06 13

**Ticket(s)/Pass(es) provided by agency?**
Yes □ No □

**Name of Source:**
Los Angeles Dodgers

**Official's Name (Last, First):**
Supervisor Gloria Molina

### 3. Recipients

---

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

| Number of Ticket(s)/Pass(es) |
| Describe the public purpose made pursuant to the agency's policy |

---

B. **Name of Individual (Last, First)**

| Number of Ticket(s)/Pass(es) |
| Identify one of the following: |

- Ceremonial Role □
- Other □
- Income □

**Per Ticket Policy 5.3 (h):**

- 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 10944.1 and 19942. 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:**

**Comment:**

---

FPPC Toll-Free Helpline: 866/ASK-FPPC (888/275-7772)
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
   - Event Description
     - Dodger Game
   - Face Value of Each Ticket/Pass $34.00
   - Date(s) 06 07 13
   - Ticket(s)/Pass(es) provided by agency? **Yes X** No
   - If no: Los Angeles Dodgers
   - Name of Sponsor
   - If yes: Supervior 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**
   - 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 **X** Other Income
   - Per Ticket Policy 5.3 (h)
   - Describe the public purpose made pursuant to the agency's policy

   **C. Name of Outside Organization**
   - (Include address and description)
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role **X** Other Income
   - 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
   - (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 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 [Provide Title/Explanation]
Dodger Game

Face Value of Each Ticket/Pass $34.00

Date(s) 06 08 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 [ ] 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maglio, Mike</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [X]</td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)

| Ceremonial Role [ ] Other [ ] Income [ ] |

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18946. 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)

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes $ No $  
Event Description  
Dodger Game
Face Value of Each Ticket/Pass $ 34.00  
Date(s)  
06/09/13
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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</thead>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role $ Other $ Income $  
If checking "Ceremonial Role" or "Other" describe below:  
Per Ticket Policy 5.3 (h)  
Ceremonial Role $ Other $ Income $  
If checking "Ceremonial Role" or "Other" describe below:  
|
|------------------------------------|-----------------------------|---------------------------------------------------------------|
| Fuhrman, Jon                       | 2                           |                                                               |


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


4. Verification  
I have read and understand FPPC Regulations 18944.1 and 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
(213) 974-4111

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)
- Aviana 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): 06/10/13
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- If no: Los Angeles Dodgers
- Name of Source: Supervisor Gloria Molina
- If yes: Supervisor Gloria Molina

### 3. Recipients

<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>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negrete, Art</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<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: Aviana Uribe
Ticket Administrator: 7/17/12

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

   **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
   Face Value of Each Ticket/Pass: $34.00
   Date(s): 06 11 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Source:
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

3. **Recipients**
   Use Section A to identify the agency's department or unit.
   Use Section B to identify a 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)
   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 19344.1 and 19342. 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
   (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 (E-mail)
   (213) 974-4111 Molina@iacbos.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): 06/12/13
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Was ticket distribution made at the behest of agency official? Yes [x] 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.
   - Name of Agency, Department or Unit
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
   - Name of Individual (Last, First)
     - Number of Ticket(s)/Pass(es)
     - Ceremonial Role [ ] Other [x]
     - Identify one of the following:
       - Per Ticket Policy 5.3 (h)
     - Ceremonial Role [ ] Other [ ]
     - income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:
   - 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
   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 ☐ Face Value of Each Ticket/Pass $34.00
   Event Description Dodger Game Date(s) 06 24 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑ Name of Source
   If yes: Supervisor Gloria Molina Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
   
   Gonzalez, Ana 2 Ceremonial Role ☐ Other ☑ Income ☐
   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 18244.1 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
   7/13
   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@lacob.org

Date Stamp

California Form 802

For Official Use Only

A Public Document

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 [x]

Face Value of Each Ticket/Pass $34.00

Event Description [Dodger Game]

Provide Title/Explanation

Date(s) [06] [25] [13]

Ticket(s)/Pass(es) provided by agency? Yes [x] 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

Ceremonial Role [x] Other [ ] Income [ ]

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

Ceremonial Role [x] 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 16942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  Print Name  Title

(Stamp) [7/1/0]

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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** Dodger Game

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

- **Date(s)** 06-26-13

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

- **If no: Name of Source** Los Angeles Dodgers

- **If yes: Name of Source** 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.**

**Section A**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>

**Section B**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

**Section C**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</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 10944.1 and 19942. 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): 7/13/3

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
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

Face Value of Each Ticket/Pass $34.00
Date(s) 06 27 13

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
Name of Source:
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrion, Anna</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
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<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<tr>
<td></td>
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<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
Ticket Administrator

Date: 7/13/13

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) 06 28 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 Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

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

Rodriguez, Bernardo 2 Ceremonial Role [x] Other [ ] Income [ ]

Per Ticket Policy 5.3 (h)

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 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

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description [D] Dodger Game
Face Value of Each Ticket/Pass $ 34.00
Date(s) [06] [29] [13]
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: Los Angeles Dodgers
Name of Source
If yes: Supervisor Gloria Molina
Name of Source
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.

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<th>A. Name of Agency, Department or Unit</th>
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</table>

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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cojulin, Georgina</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

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

4. Verification
I have read and understood FPPC Regulations 19444.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe [Signature of Agency Head or Designee]
Ticket Administrator
Print Name
Title
(05/22/13)

Comment:

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

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

**Date(s):** 06 30 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**

**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)**

- **Per Ticket Policy 5.3 (h)**
  - **Ceremonial Role** [ ]
  - **Other** [X]
  - **Income** [ ]

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

**Pacheco, Julia**

2

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

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

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

#### 4. Verification

I have read and understand FPPC Regulations 19344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

**Print Name** Avianna Uribe

**Title** Ticket Administrator

**Date:** 1/1/13

**Comment:**

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)