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 [ ] No [x]  
   Face Value of Each Ticket/Pass $75.00
   Event Description: Concert at Disney Hall
   Date(s): 06 22 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Music Center
   Name of Source: [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] 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

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

   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)

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

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  
Provide Title/Explanation:

Face Value of Each Ticket/Pass: $50.00

Date(s): 06/29/13

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

- 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>
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<td></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>Rodriguez, Angel</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)

Ceremonial Role [ ] Other [ ] Income [ ]

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 19432. 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: 7/17/13 (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@lachs.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $53.00
   Event Description: Concert at Disney Hall
   Date(s): 06 30 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source: Music Center
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   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.

   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 ☐
   | 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
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: 7/17/12 (Month, Day, Year)
   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**
(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**
Concert at Disney Hall

**Face Value of Each Ticket/Pass**
78.00

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

**Music Center**

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

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

**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

<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

<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 [ ]</td>
</tr>
</tbody>
</table>

**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>
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### 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**
7/1/12

**Comment:**

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