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 ☐
Event Description Concert at Disney Hall
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $65.00
Date(s) 08 10 13
If no: Music Center
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.

<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>Ceremonial Role ☑ Other ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guerrero, Leonel</td>
<td>2</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
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<td></td>
<td></td>
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</tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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.

Avianna Uribe
Ticket Administrator
8/14/13
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@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: $80.00
   Date(s): 08 10 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ✗
   Was ticket distribution made at the behest of agency official? No ☐ Yes ✗
   Name of Source: Music Center
   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

   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)
      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 19440.1 and 19442. 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) 8/14/13

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 ☑ No ☐
   - **Event Description** Concert at Disney Hall
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass** $78.00
   - **Date(s)** 08 11 13
   - **Name of Source** Music Center
   - **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

   **B. Name of Individual**
   - Kikkert, Wendy
   - Number of Ticket(s)/Pass(es) 4
   - Ceremonial Role ☐ Other ☑
   - Per Ticket Policy 5.3 (h)
   - Identify one of the following:

   **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 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - **Date** 08/14/13

   **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 [x] No [ ]
   Event Description: Concert at Disney Hall
   Face Value of Each Ticket/Pass: $78.00
   Date(s): 08 25 13
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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 [x] 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:

   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 19341 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
   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

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 $ 53.00
Date(s) 08 25 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Music Center
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) Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
Per Ticket Policy 5.3 (h)
If checking "Ceremonial Role" or "Other" describe below:

Martinez, Efren 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 18344.1 and 18342. 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: 8/14/13
(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 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) 08 09 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   If yes: Supervisor Gloria Molina
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   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 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
   Title: (Month, Day, Year)
   8/14/13

Comment:
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 E-mail
   (213) 974-4111 Molina@lacsbs.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Face Value of Each Ticket/Pass $34.00
   Date(s) 08 10 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source
   If yes:
   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**
   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 19944.1 and 19442. 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
   (Month, Day, Year)
   Comment:

   Print 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
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   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number   E-mail
   (213) 974-4111  Molina@lacsos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ❌
   Event Description
   Face Value of Each Ticket/Pass $34.00
   Date(s) 08 11 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>
<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 □ 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 18444.1 and 18442. 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) 8/4/13

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

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) 08 12 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Name of Source
   Los Angeles Dodgers
   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:

   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 19544.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee Print Name Title
   Avianna Uribe 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@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
   Provide Title/Explanation
   Date(s) 08 13 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
   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 (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 Dodger Game
Face Value of Each Ticket/Pass $34.00
Date(s) 08 14 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
Name of Source
If yes: Supervisor Gloria Molina
Name of Source (Last, First)

**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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<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
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<tr>
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<td></td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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 19244.1 and 19242. 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)
8/14/13

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 ☑ No ☐
Face Value of Each Ticket/Pass $34.00
Event Description
Dodger Game
Provide Title/Explanation
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.

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<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>Faustinos, Belinda</td>
<td>2</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19441 and 19442. 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:

FFPC 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
   - 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)** 08 24 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
   - **Name of Source** Los Angeles Dodgers
   - **Official's Name (Last, First)** Supervisor Gloria Molina

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)

   **Name of Individual**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role [ ] Other [ ] Income [ ]
     - Ceremonial Role [ ] Other [ ] Income [ ]

   **Name of Outside Organization**
   - **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
   - **Date** 8/14/12
   - **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**
- **First District**
- **Avianna Uribe, Ticket Administrator**
- **Area Code/Phone Number (E-mail)**
  - (213) 974-4111
  - Molina@lacbos.org

### 2. Function or Event Information
- **Face Value of Each Ticket/Pass**: $34.00
- **Event Description**: Dodger Game
- **Date(s)**: 08/25/13
- **Ticket(s)/Pass(es) provided by agency?**: Yes
- **Was ticket distribution made at the behest of agency official?**: Yes

### 3. Recipients

- **Board of Supervisors Employee**: 2
  - **Describe the public purpose made pursuant to the agency’s policy**: Per Ticket Policy 5.3 (k)

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

- **Identify one of the following**: Ceremonial Role
- **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**:

### 4. Verification

- **Signature of Agency Head or Designee**: Avianna Uribe
- **Print Name**: Ticket Administrator
- **Title**:
- **Date of Original Filing**: 8/4/13
- **Comment**:

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**FPIC Form 802 (4/12)**

**FPIC Toll-Free Helpline:** 866/ASK-FPIC (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: Dodger Game
Face Value of Each Ticket/Pass $34.00
Date(s) 08 26 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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 (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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification

I have read and understood FPPC Regulations 19644.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe  Ticket Administrator  5/4/17
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@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):** 08/27/13
- **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

<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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<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:** Ticket Administrator
- **Date:** 8/14/13

**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

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:

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description
   Dodgers Game
   Face Value of Each Ticket/Pass $34.00
   Date(s)
   08 28 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
   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 □
   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 19244.1 and 19244.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   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)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐

Event Description

Dodger Game

Provide Title/Explanation

Face Value of Each Ticket/Pass $ 34.00

Date(s)

08 30 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

If no: Los Angeles Dodgers

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.

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<td>Board of Supervisors Employee</td>
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<td>Per Ticket Policy 5.3 (k)</td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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</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 19344.1 and 1934.2. 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

(213) 974-4111 Molina@lacbos.org

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
   - First District
   - A. Uribe, Ticket Administrator
   - (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):** 08 31 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**
   - 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)

   **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**
   - (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 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: [Name]
   - Title: [Title]
   - (Month, Day, Year): [8/14/13]

Comment: [Comment]