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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
<th>$34.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s)</td>
<td>09/01/13</td>
</tr>
</tbody>
</table>

If no: Los Angeles Dodgers
Name of Source
Official's Name (Last, First)

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

B. Name of Individual
(First, Last)
Number of Ticket(s)/Pass(es)
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 18946. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe
Ticket Administrator
9/30/13

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
   Date Stamp California Form 802
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing: (Month, Day, Year)

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

   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 19941, 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
   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:** (213) 974-4111
  - **E-mail:** Molina@lacbos.org

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [x]
- **Event Description:** Dodger Game
- **Face Value of Each Ticket/Pass:** $34.00
- **Date(s):** 09-10-13
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [x]

#### 3. Recipients

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

- **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:**

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

- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:**
- **Title:** Ticket Administrator
- **Date:** 9/30/13

**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@laarbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description [Dodger Game]
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) 09 11 13
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
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 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 
Title 
Ticket Administrator 
Print Name 
9/30/12 (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:  
   (Month, Day, Year)  

2. **Function or Event Information**  
   Does the agency have a ticket policy?  
   Yes [X]  
   No [ ]  
   Face Value of Each Ticket/Pass $ 34.00  
   Date(s)  
   09 12 13  
   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:  
   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**  
   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)  
   Describe the public purpose made pursuant to the agency's policy  
   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 FFPC Regulations 1944.1 and 1944.2. 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  
   [ ]  
   Title  
   [ ]  
   Date (Month, Day, Year)  
   9/30/13  
   Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 868/ASK-FPPC (868/275-7772)
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): 09/13/13
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.

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.
Avianna Uribe
Ticket Administrator
Signature of Agency Head or Designee: 
Print Name: 
Title: 
Date: 9/30/13

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
- First District

#### Designated Agency Contact (Name, Title)
- Avianna Uribe, Ticket Administrator
- 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) | 09 14 13 |

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

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

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

**If yes:**
- Supervisor Gloria Molina

### 3. Recipients

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

#### A. Name of Agency, Department or Unit
<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)
<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>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### C. Name of Outside Organization (include address and description)
<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 understood FPPC Regulations 18944 and 18948. 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

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 [ ]
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) 09 15 13
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:

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

4. Verification
I have read and understand FPPC Regulations 16944.1 and 18642. 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: 9/30/3

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

   **Date Stamp**
   - California Form 802
   - For Official Use Only

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [x]
   - Face Value of Each Ticket/Pass $34.00
   - Event Description: Dodger Game
     - Provide Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Date(s) 09 27 13
   - 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)
   - Describe the ceremony role, other, or income
     - 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 regulations.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Print Name: Ticket Administrator
   - Title
   - Date (Month, Day, Year) 9/30/12

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description:** Dodger Game
   - **Face Value of Each Ticket/Pass:** $34.00
   - **Date(s):** 09/28/13
   - **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.

   **A. Name of Agency, Department or Unit**
   - **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**
   - **Number of Ticket(s)/Pass(es):**
   - **Identify one of the following:**
     - Ceremonial Role [ ] Other [ ] Income [ ]
     - Ceremonial Role [ ] Other [ ] Income [ ]

   **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 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:**
   - **Date:** 9/30/13

   **Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**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@lacakos.org

**Date Stamp**

**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

**Provide Title/Explanation**

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

**Date(s)**
09 29 13

**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**
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 19441 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

**Position**
Ticket Administrator

**Title**

**Date**
09/30/13

**Comment:**

---

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