

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| (213) 974-4111 | Molina@lacbos.org | | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> |

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: |
| Supervisor Gloria Molina | 60 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per Ticket Policy (g) |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| 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 | Print Name | Title | (Month, Day, Year) |
|  | Avianna Uribe | Ticket Administrator | 9/30/12 |

Comment:

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

A Public Document

| | | | |
|---|-------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: (Month, Day, Year) | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 19.00Event Description Los Angeles County Fair
Provide Title/ExplanationDate(s) 08 / 30 / 13 09 / 29 / 13Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Fairplex
Name of SourceWas 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.

| 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 | 5 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |

| 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

9/13/30
(Month, Day, Year)Comment:

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

A Public Document

| | | | |
|---|------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year) | |
| Avianna Uribe, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| (213) 974-4111 | Molina@lacos.org | | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

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

If no: Fairplex

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.

| 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

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@lacos.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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Event Description Los Angeles County Fair

Provide Title/Explanation

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 \$ 19.00

Date(s) 08 / 30 / 13 09 / 29 / 13

If no: Fairplex

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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13

(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: (Month, Day, Year) | |

2. Function or Event Information

| | | | | | |
|--|---|-----------------------------------|-------------------------------|----|----|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 | | |
| Event Description | Los Angeles County Fair | Date(s) | 08 | 30 | 13 |
| Provide Title/Explanation | | | 09 | 29 | 13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex | | |
| | | | Name of Source | | |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 | 7/30/13 (Month, Day, Year) |
|---|-----------------------------|-------------------------------|-------------------------------|

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|--|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: | |
| | | (Month, Day, Year) | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

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

If no: Fairplex

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.

| 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: | |
| | | (Month, Day, Year) | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--------------------------|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair | Date(s) | 08/30/13 09/29/13 |
| Provide Title/Explanation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex |
| | | Name of Source | |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| | | If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| | | 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 | 9/30/13 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: | |
| | | (Month, Day, Year) | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--------------------------|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair | Date(s) | 08/30/13 09/29/13 |
| Provide Title/Explanation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex |
| | | Name of Source | |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| | | If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| | | 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 | 9/30/13 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment:

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

A Public Document

| | | | |
|---|------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacos.org | Date of Original Filing: <input type="text"/> (Month, Day, Year) | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Fairplex
Name of SourceWas 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.

| 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Event Description Los Angeles County Fair

Provide Title/Explanation

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 \$ 19.00

Date(s) 08 / 30 / 13 09 / 29 / 13

If no: Fairplex

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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13

(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: <input type="text"/> (Month, Day, Year) | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> |

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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| 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 | 7/30/13 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment:

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

A Public Document

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 ☒ No ☐

Face Value of Each Ticket/Pass \$

19.00

Event Description

Los Angeles County Fair

Provide Title/Explanation

Date(s) 08/30/13

09/29/13

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no:

Fairplex

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.

A. Name of Agency, Department or UnitNumber of
Ticket(s)/
Pass(es)

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

Board of Supervisors Employee

4

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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| (213) 974-4111 | Molina@lacos.org | | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> |

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 | 4 | Per Ticket Policy 5.3 (k) |
| | | |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| | | |
| | | |
| C. Name of Outside Organization <small>(Include address and description)</small> | 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 | 9/30/13 (Month, Day, Year) |
|---|-----------------------------|-------------------------------|-------------------------------|

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: <input type="text"/> (Month, Day, Year) | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Fairplex
Name of SourceWas 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.

| 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: | |
| | | (Month, Day, Year) | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--------------------------|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair | Date(s) | 08/30/13 09/29/13 |
| Provide Title/Explanation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex |
| | | Name of Source | |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| | | If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| | | 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 | Print Name | Title | (Month, Day, Year) |
|  | Avianna Uribe | Ticket Administrator | 9/30/13 |

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: <input type="text"/> (Month, Day, Year) | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes:
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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Avianna Uribe, Ticket Administrator | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | Date of Original Filing: (Month, Day, Year) |
| Area Code/Phone Number | E-mail | | |
| (213) 974-4111 | Molina@lacbos.org | | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 19.00Event Description Los Angeles County Fair
Provide Title/ExplanationDate(s) 08 30 13 09 29 13Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Fairplex
Name of SourceWas 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.

| 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| 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

7/30/12
(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) | |
| Avianna Uribe, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| (213) 974-4111 | Molina@lacbos.org | | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/ExplanationDate(s) 08 30 13 09 29 13Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: FairplexName of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Supervisor Gloria MolinaOfficial'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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |

| 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) | |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair | Date(s) | 08 / 30 / 13 09 / 29 / 13 |
| Provide Title/Explanation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex |
| | | Name of Source | |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 | 7/30/13 (Month, Day, Year) |
|---|-----------------------------|-------------------------------|-------------------------------|

Comment:

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

A Public Document

| | | | |
|---|-------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: (Month, Day, Year) | |

2. Function or Event Information

| | | | | | |
|--|---|-----------------------------------|--|--|--|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 | | |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08 | 30 | 13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> | | |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> | | |

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 | 4 | Per Ticket Policy 5.3 (k) |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(Include address and description)</small> | 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 Adminstrator | 9/30/13 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> |

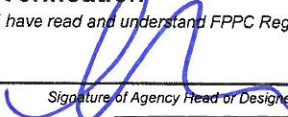
3. Recipients

• 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 | 4 | Per Ticket Policy 5.3 (k) |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(Include address and description)</small> | 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 | 9/30/13 (Month, Day, Year) |
| Comment: _____ | | | |

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: <input type="text"/> (Month, Day, Year) | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> |

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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| 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 | 9/30/13 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| (213) 974-4111 | Molina@lacbos.org | | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Fairplex
Name of SourceWas 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.

| 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 | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

9/30/13
(Month, Day, Year)

Comment:

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

A Public Document

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 ☒ No ☐

Face Value of Each Ticket/Pass \$

19.00

Event Description

Los Angeles County Fair

Provide Title/Explanation

Date(s)

08

30

13

09

29

13

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no:

Fairplex

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.

A. Name of Agency, Department or UnitNumber of
Ticket(s)/
Pass(es)

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

Board of Supervisors Employee

4

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

9/30/13

(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| (213) 974-4111 | Molina@lacos.org | | |

2. Function or Event Information

| | | | |
|--|---|-----------------------------------|--|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <i>Provide Title/Explanation</i> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <i>Name of Source</i> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <i>Official's Name (Last, First)</i> |

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 | 8 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| | | |
| | | |
| 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 | 9/30/13 (Month, Day, Year) |
|---|-----------------------------|-------------------------------|-------------------------------|

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 19.00 |
| Event Description | Los Angeles County Fair <small>Provide Title/Explanation</small> | Date(s) | 08/30/13 09/29/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no: | Fairplex <small>Name of Source</small> |
| Was ticket distribution made at the behest of agency official? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: | Supervisor Gloria Molina <small>Official's Name (Last, First)</small> |

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 | 8 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| 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 | Print Name | Title | (Month, Day, Year) |
|  | Avianna Uribe | Ticket Administrator | 9/20/13 |

Comment:

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

A Public Document

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 ☒ No ☐

Face Value of Each Ticket/Pass \$

19.00

Event Description

Los Angeles County Fair

Provide Title/Explanation

Date(s)

08

30

13

09

29

13

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no:

Fairplex

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.

A. Name of Agency, Department or UnitNumber of
Ticket(s)/
Pass(es)

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

Board of Supervisors Employee

8

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

9/30/13

(Month, Day, Year)

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| Los Angeles County Board of Supervisors | | | For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Avianna Uribe, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (213) 974-4111 | Molina@lacbos.org | Date of Original Filing: <input type="text"/> | |
| | | (Month, Day, Year) | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: FairplexWas ticket distribution made at the behest of agency official? No ☐ Yes ☒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.

| 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 | 8 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 | 9/30/13 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment:

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

A Public Document

| | | | |
|---|-------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County Board of Supervisors | | | |
| Division, Department, or Region (If Applicable) | | | |
| First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Avianna Uribe, Ticket Administrator | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number | E-mail | | |
| (213) 974-4111 | Molina@lacbos.org | | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08/30/13 09/29/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Fairplex
Name of SourceWas 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.

| 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 | 8 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 | Print Name | Title | (Month, Day, Year) |
|  | Avianna Uribe | Ticket Administrator | 9/30/12 |

Comment:

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

A Public Document

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@lacos.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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08/30/13 09/29/13

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

If no: Fairplex

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.

| 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 | 6 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: