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: Los Angeles County Fair
   - Face Value of Each Ticket/Pass: $19.00
   - Date(s): 08 30 13 09 29 13
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Name of Source: Fairplex
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
     - 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**
       - Name of Agency, Department or Unit
       - Number of Ticket(s)/Pass(es)
       - Describe the public purpose made pursuant to the agency’s policy

   **B. Name of Individual**
       - Name of Individual
       - Number of Ticket(s)/Pass(es)
       - Ceremonial Role
       - Other [x]
       - Income [ ]
       - If checking “Ceremonial Role” or “Other” describe below:
       - Per Ticket Policy (g)
       - Ceremonial Role
       - Other [ ]
       - Income [ ]
       - If checking “Ceremonial Role” or “Other” describe below:

   **C. Name of Outside Organization**
       - 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 PPCA 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
   - Title: Ticket Administrator
   - Date of Original Filing: 9/30/12

Comment: 

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [x]
   - Face Value of Each Ticket/Pass $19.00
   - Event Description
     - Los Angeles County Fair
   - Date(s)
     - 08 30 13
     - 09 29 13

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

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors Employee
   - Number of Ticket(s)/Pass(es) 5
   - 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:
       - Ceremonial Role
       - Other
       - Income

   **C. Name of Outside Organization**
   - Name of 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 18044.1 and 19842. 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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description  
   Los Angeles County Fair
   Date(s) 08/30/13 09/29/13
   If no:
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Name of Source  
   Fairplex
   Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐
   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  
      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 ☐ Other ☐ Income ☐
      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 19444.1 and 19842. 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)  
   FPPC TOLL-FREE HELPLINE: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors

   Division, Department, or Region (If Applicable)
   First District

   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator

   Area Code/Phone Number E-mail
   (213) 974-4111 Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   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 [ ] 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 10344.1 and 10842. 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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description:** Los Angeles County Fair
  
  **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
- **Face Value of Each Ticket/Pass:** $19.00
- **Date(s):** 08 30 13 09 29 13

#### A. Name of Agency, Department or Unit
- **Number of Ticket(s)/Pass(es):** 4
- **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 [ ]
  
  **If checking “Ceremonial Role” or “Other” describe below:**

#### C. Name of Outside Organization
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency’s policy:**

### 4. Verification
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:**
- **Title:**
- **Date:** 07/20/18

**Comment:**

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

1. Agency Name
Los Angeles County Board of Supervisors
Division, Department, or Region (If Applicable)

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

Date Stamp California Form 802
A Public Document For Official Use Only

[Box for 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 Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s) 08 30 13 09 29 13

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

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 19841 and 19842. 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

(9/30/17)

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 [ ]
- **Event Description**
  Los Angeles County Fair

**Provide Title/Explanation**

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

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

<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>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

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

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

#### C. Name of Outside Organization

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

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

**Signature of Agency Head or Designee**
Avianna Uribe

**Print Name**
Ticket Administrator

**Title**

**Date (Month, Day, Year)**
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@lacbos.org

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No

Event Description Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s) 08 30 13 09 29 13

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

If no: Fairplex
Name of Source:

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

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

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

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:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

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

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942.1. 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 (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
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number E-mail
   (213) 974-4111 Molina@lacsos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Los Angeles County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 30 13 09 29 13
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Amendement (Must provide explanation in Part 3)
   Date of Original Filing: (Month, Day, Year)

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 ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes☐ No☐
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $19.00
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes☐ No☐
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.

<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>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Ticket Administrator
Print Name
Title
(Month, Day, Year)

Comment:

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 [ ]
   Face Value of Each Ticket/Pass $19.00
   Event Description Los Angeles County Fair
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Fairplex
   Name of Source
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

3. Recipients
   Use 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [x]
      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 18949. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Print Name
   Ticket Administrator
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description Los Angeles County Fair
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Fairplex
   Name of Sponsor
   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) | Ceremonial Role ☐ Other ☐ Income ☐
   Identify one of the following:
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19842. 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: 9/3/13

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

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

**Division, Department, or Region (If Applicable)**
First District

**Designated Agency Contact (Name, Title)**
Avianna Uribe, Ticket Administrator

**Area Code/Phone Number**
(213) 974-4111

**E-mail**
Molina@lacbos.org

**Date Stamp**

**California Form 802**
For Official Use Only

**Amendment** (Must provide explanation in Part 3)

**Date of Original Filing**

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**2. Function or Event Information**

**Does the agency have a ticket policy?** Yes [x] No [ ]

**Event Description**
Los Angeles County Fair

**Face Value of Each Ticket/Pass**
19.00

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

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

**If no:**
Fairplex

**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**
Board of Supervisors Employee

**Number of Ticket(s)/Pass(es)**
4

**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**

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

---

**C. Name of Outside Organization**

(include address and description)

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

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

---

**4. Verification**

I have read and understand FPPC Regulations 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**
Avianna Uribe

**Print Name**
Ticket Administrator

**Title**

**Date**
01/30/13

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $19.00
Date (s) 08 30 13 Date(s) 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
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.

<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>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19842. 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
   First District
   Avianna Uribe, Ticket Administrator
   (213) 974-4111 Molina@lacsbs.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Los Angeles County Fair
   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: $19.00
   Date(s): 08 30 13 09 29 13
   Name of Source: Fairplex
   Name of Official: Supervisor Gloria Molina

3. Recipients
   Name of Agency, Department or Unit: Board of Supervisors Employee
   Number of Ticket(s)/Pass(es): 4
   Describe the public purpose made pursuant to the agency's policy:
   Per Ticket Policy 5.3 (k)

4. Verification
   I have read and understand FPCC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Title: Ticket Administrator
   Date: 9/30/10

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

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

#### 2. Function or Event Information
- Does the agency have a ticket policy? **Yes**
- Event Description: Los Angeles County Fair
- Face Value of Each Ticket/Pass: $19.00
- Date(s): 08 30 13
- If no: Fairplex
- Name of Source: Supervisor Gloria Molina

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

##### A. Name of Agency, Department or Unit
- Board of Supervisors Employee
- Number of Ticket(s)/Pass(es): 4
- Describe the public purpose made pursuant to the agency’s policy: Per Ticket Policy 5.3 (k)

##### B. Name of Individual
- Name of Individual
- Number of Ticket(s)/Pass(es)
- Identify one of the following:
  - Ceremonial Role
  - Other
  - Income

##### C. Name of Outside Organization
- 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 19941.1 and 19949. 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
- Comment:

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description: Los Angeles County Fair
   Date(s): 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Fairplex
   No. ☐ Yes ☒ Was ticket distribution made at the behest of agency official?
   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.
   Board of Supervisors Employee
   Name of Agency, Department or Unit: Board of Supervisors Employee
   Number of Ticket(s)/Pass(es): 4
   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 ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   Comment:

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

**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 2)

**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** $19.00

  **Event Description**
  Los Angeles County Fair

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

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

  **Name of Source**
  Fairplex

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

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

---

3. **Recipients**

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

<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>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

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

---

4. **Verification**

I have read and understand FPPC Regulations 19461 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**

**Date**
9/30/23

**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 [ ]

- **Event Description**
  - Los Angeles County Fair
  
  **Provide Title/Explanation**

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

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

**Face Value of Each Ticket/Pass** $19.00

**Date(s)**
- 08 30 13 09 29 13

**If no: Fairplex**

**Name of Source**
Supervisor Gloria Molina

**Official's Name (Last, First)**

**3. Recipients**

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

<table>
<thead>
<tr>
<th><strong>A. Name of Agency, Department or Unit</strong></th>
<th><strong>Number of Ticket(s)/Pass(es)</strong></th>
<th><strong>Describe the public purpose made pursuant to the agency's policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

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

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

**4. Verification**

I have read and understood FPPC Regulations 19244.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.

**Signature of Agency Head or Designee**

Avianna Uribe [Signature]

Ticket Administrator [Title]

(213) 974-4111 [Phone Number]

**Comment:**

FPPC Form 802 (4/12)

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)

   First District

   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator

   Area Code/Phone Number  E-mail
   (213) 974-4111       Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 19.00
   Event Description Los Angeles County Fair

   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   Date(s) 08 30 13 09 29 13
   If no: Fairplex
   Name of Source

   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  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 ☐ 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 18044.1 and 18044.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Avianna Uribe

   Title
   Ticket Administrator

   Date (Month, Day, Year)
   7/10/13

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/375-7772)
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

   □ 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: Los Angeles County Fair
      [Provide Title/Explanation]
   Face Value of Each Ticket/Pass: $19.00
   Date(s): 08-30-13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   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 [ ] Other [x] 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 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   [Signature] Avianna Uribe [Print Name] Ticket Administrator [Title]
   (Month, Day, Year)

Comment:
### 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

### Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description** Los Angeles County Fair
- **Face Value of Each Ticket/Pass** $19.00
- **Date(s)** 08-30-13 09-29-13

### Recipients

#### A. Name of Agency, Department or Unit  
**Number of Ticket(s)/Pass(es)** 4  
**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)** 4  
**Identify one of the following:**
- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

#### C. Name of Outside Organization  
**Number of Ticket(s)/Pass(es)** 4  
**Describe the public purpose made pursuant to the agency's policy**

### Verification
I have read and understand FPPC Regulations 19322 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

**Signature of Agency Head of Designee**  
Avianna Uribe  
**Title** Ticket Administrator  
**Date** 7/3/14  
**Comment:**

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
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 [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
I have read and understand FPPC Regulations 19244.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Ticket Administrator

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

1. Agency Name
   Los Angeles County Board of Supervisors

Division, Department, or Region (If Applicable)
   First District

Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator

Area Code/Phone Number   E-mail
   (213) 974-4111   Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [x]  No [ ]
   Face Value of Each Ticket/Pass $ 19.00
   Date(s) 08 30 13 09 29 13
   Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
   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 [x]  Other [ ]  Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role [x]  Other [ ]  Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19441 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) 9/30/13

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

1. Agency Name
   Los Angeles County Board of Supervisors
   First District
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number: (213) 974-4111
   E-mail: Molina@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Event Description: Los Angeles County Fair
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   Face Value of Each Ticket/Pass: $19.00
   Date(s): 08 30 13 09 29 13
   If no: Fairplex
   Name of Source: Supervisor Gloria Molina
   Official's Name (Last, First)

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

   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
      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 18949.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   Comment:

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

1. Agency Name
Los Angeles County Board of Supervisors

Division, Department, or Region (If Applicable)
First District

Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator

Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp California Form 802
A Public Document
For Official Use Only

Amendment (Must provide explanation in Part 3)
Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No No
Event Description Los Angeles County Fair

Provide Title/Explanation

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

Date(s) 08 30 13 09 29 13

Face Value of Each Ticket/Pass $ 19.00

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.

<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>8</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understood FPPC Regulations 18944, 18945, and 18951. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Ticket Administrator

Print Name

Title

(Month, Day, Year)

Comment:

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
A Public Document For Official Use Only

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
Date(s) 08 30 13 09 29 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
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.

<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>8</td>
<td>Per Ticket Policy 5.3 (k)</td>
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</table>

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

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

4. Verification
I have read and understand FPPC Regulations 10944.4 and 13945.1, 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@lacobos.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Los Angeles County Fair
- **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:** $19.00
- **Date(s):** 08 30 13 09 29 13
- **If no:** Fairplex
- **Name of Source:** Supervisor Gloria Molina
- **Official’s Name (Last, First):** Molina

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

#### A. Name of Agency, Department or Unit
- **Number of Ticket(s)/Pass(es):** 8
- **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 [ ]
  - If checking “Ceremonial Role” or “Other” describe below:

#### C. Name of Outside Organization
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency’s policy:**

### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature of Agency Head or Designee: Avianna Uribe
- Print Name: Ticket Administrator
- Title:

### 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**
   (213) 974-4111

   **E-mail**
   Molina@lacbos.org

   **Date Stamp**
   [Date]

   **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** $19.00

   - **Event Description**
     Los Angeles County Fair

   - **Date(s)**
     08 30 13

     **Message**
     09 29 13

   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
     **Name of Source (If no)**
     Fairplex

   - **Was ticket distribution made at the behest of agency official?**
     No [ ] Yes [X]
     **Official's Name (Last, First)**
     Supervisor Gloria Molina

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

   **A. Name of Agency, Department or Unit**
   Board of Supervisors Employee

   **Number of Ticket(s)/Pass(es)**
   8

   **Describe the public purpose made pursuant to the agency’s policy**
   Per Ticket Policy 5.3 (k)

   **B. Name of Individual (Last, First)**
   Ceremonial Role [ ] Other [ ] Income [ ]

   **Number of Ticket(s)/Pass(es)**
   8

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

   **Number of Ticket(s)/Pass(es)**
   8

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

4. **Verification**
   I have read and understand FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   [Signature]

   **Print Name**
   Avianna Uribe

   **Title**
   Ticket Administrator

   **Date**
   09/20/12

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

   **FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/ASK-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**
   - Event Description: Los Angeles County Fair
   - Face Value of Each Ticket/Pass: $19.00
   - Date(s): 08 30 13 09 29 13

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Board of Supervisors Employee
     - Number of Ticket(s)/Pass(es): 6
     - 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
     - If checking "Ceremonial Role" or "Other" describe below:
   - **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 10984.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Ticket Administrator
   - Print Name
   - Title
   - (Month, Day, Year)
   - Comment:

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