C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable))		1	For Official Use Only
	First District	W-40/-		1	
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			J F	1
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	19.00
	Event Description Los Angeles County Fair				09 29 13
	Provide Title/Expla	nation	Date(s) 08	_//	N-3 N-3
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairpl	ex	
	richet(e), add(ed) provided by agency.	res No		Name of So	urce
	Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
	of agency official?	111100		Official's Name (L	.ast, First)
3.					
	Use Section A to identify the agency's department or u	Number of	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
	B. Name of Individual	Number of			
	(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other X	Income 🔲
	Supervisor Gloria Molina	60	If checking "Ceremonial Role" or "Other" describe below:		
			Per Ticket Policy (g)	
			Ceremonial Role	Other	Income
			AND ASSOCIATION OF THE PROPERTY OF THE PROPERT	ial Role" or "Other" describe below:	income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/		lic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			in writer of the section of the
1					
	Verification /				
	I have read and understand FPPC Regulations 18944.1 and				n the requirements.
		na Uribe		et Administrator	19/30//2
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
	Comment:				
	OUTHINGIR.				

C	eremonial Role Events	and Tic	ket/Pass	Distribution	S		A Public Document
1.	Agency Name Los Angeles County Board of Supervisors				Date Stamp	California 802	
							Form 002
	Division, Department, or Region	Division, Department, or Region (If Applicable)					For Official Use Only
	First District						
	Designated Agency Contact (Nan	ne, Title)					
	Avianna Uribe, Ticket Administr	rator			_		
		mail				Amendment (Must	provide explanation in Part 3.)
	(213) 974-4111 M	olina@lack	os.org			Date of Original Filing:	: (Month, Day, Year)
2.	Function or Event Informa	tion					
	Does the agency have a ticket po	licy?	Yes⊠ No	Face Val	lue of	Each Ticket/Pass \$	19.00
	Event Description Los Angeles C	ounty Fair		Date(s)	08	,30 ,13	09 29 13
	Pro	vide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by ag	gency?	Yes No	× If no: Fa	airple		
		•			Supar	Name of Se	ource
	Was ticket distribution made at th of agency official?	e behest	No Yes	If yes:	ouper	visor Gloria Molina Official's Name	(Last First)
_						omound reality	(2001, 1 1101)
3.	Recipients • Use Section A to identify the agency's d	onariment or	mit allea Ca	ation P to identify an in	dividua	ul	ntific an autoide arrenization
		4.8	Number of	100 pt N 100 pt	1. 1. April.		TENERS CONTRACTOR OF STREET
	A. Name of Agency, Department o	rUnit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (k)			it to the agency's policy
	Board of Supervisors Employee		5				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)			Identify one of the follow	ving:
				Ceremonial F If checking "Ce		Other Other Other" describe below:	Income
				Ceremonial F If checking "Ce		Other Land Other describe below:	Income
	C. Name of Outside Organizati (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the	e public	c purpose made pursuan	t to the agency's policy
1.	Verification I have read and understand FPPC Regulation						ith the requirements.
	46	Avianr	na Uribe		Ticket	Adminstrator	19//3/30
	Signature of Agency Head or Designee		Print Nan	ne		Title	(Month, Day, Year)
	Comment:			20 <u>0 - 100 -</u>			
			1		F	PPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

TOTO THE THE THE THE	mour doc	Diotributiono		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				
Division, Department, or Region (If Applicable		For Official Use Only		
First District				
Designated Agency Contact (Name, Title)	open and the second			
Avianna Uribe, Ticket Administrator	Silit myster disagned by			
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		(180, ANN 180 A F. ORNA (180) 4 137 ANN (180)		1
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
Los Angeles County Fai		1		9 29 13
Event Description Los Angeles County Fai		Date(s) 08		32 N-2 N-3
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple	ex	
nonector assess provided by agency:	Yes No	_	Name of Sour	се
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?		· ·	Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's department or	The second second	ction B to identify an individu	ial. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o 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)	Ceremonial Role	Identify one of the followin	
		Transfer of the Control of the Contr	al Role" or "Other" describe below:	Income L
		Ceremonial Role If checking "Ceremoni	Other And Andrews Other Other Delow:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
. Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve na Uribe		orth above, is in accordance with	the requirements.
Signature of Agency Head or Designee Comment:	Print Nan	ne	Title	(Mgnth, Day, Year)

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

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors	Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable)			Form OUZ
Division, Department, or Region (If Applicable				For Official Use Only
First District				
Designated Agency Contact (Name, Title)	***************************************		1	
Avianna Uribe, Ticket Administrator		W		1
Area Code/Phone Number F-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Г	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair		Date(s) 08	,30 ,13	09 29 13
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple		
		Supp	Name of So. rvisor Gloria Molina	urce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Supe	Official's Name (I	ast First)
	· · · · · · · · · · · · · · · · · · ·		omour a reamo (a	
 Recipients Use Section A to identify the agency's department or it 	mit a lisa Sa	ction R to identify an individu	a lise Section C to ident	tifu an outside organization
A. Name of Agency, Department or Unit	Number of	y Charles and the Control		NEW THE ALTERNATION OF
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic 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)	Ceremonial Role	Identify one of the followide of the fol	ng:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification		-11		
I have read and understand FPPC Regulations 18 <u>944.1 and</u>				h the requirements/
9/1/	na Uribe	Ticke	et Adminstrator	7/30//3
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment				6
Comment:	4		FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	Keurass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				TOINI
Division, Department, or Region (If Applicable))			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator	-400000			
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			Γ	19.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair Provide Title/Expla	anation	Date(s) 08	,30 ,13	09 29 13
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple	ex	
			Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina	7-15-0
			Official's Name (Last, First)
Recipients Use Section A to identify the agency's department or u	mit allsa So	ction B to identify an individu	ual a lica Saction C to iden	tifu an autaida arcanization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	production of the second	lic purpose made pursuant	Ngga Markata basan s
Board of Supervisors Employee	4	Per Ticket Policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other Dala Role" or "Other" describe below:	income
		Ceremonial Role If checking "Ceremoni	Other I al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and			Sec. 10. 10. 10. 10. 10.	th the requirements.
Signature of Agency Head or Designee	a Uribe Print Nan		et Adminstrator	//30//3 (Month, Day, Year)
Comment:				an one man to the second control with the second

C	eremonial Role Events and Tid	cket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Los Angeles County Board of Supervisors		Form OUZ For Official Use Only			
	Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
	First District		No.	1		
	Designated Agency Contact (Name, Title)			1		
	Avianna Uribe, Ticket Administrator	and a simple way	The state of the s	1		
	Area Code/Phone Number E-mail			Amendment (Must	t provide explanation in Part 3.)	
	(213) 974-4111 Molina@lac	bos.org	2 4	Date of Original Filing	ı:	
2	Function or Event Information			<u></u>	(Month, Day, Year)	
	Does the agency have a ticket policy?	Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$	19.00	
				,30 ,13	09 29 13	
	Event Description Los Angeles County Fall		Date(s) 08	N ₂₀ , 1 ₂	09 1/29 1/3	
	Ticket(s)/Pass(es) provided by agency?	v . 🗖 . u	If no:	ex		
	ricket(3//r ass(es) provided by agency:	Yes No	_	Name of S	Source	
	Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina		
	of agency official?	TO A PART OF THE P		Official's Name	(Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
	Board of Supervisors Employee	4	Per Ticket Policy 5.3 (k)			
			Ter ricket Folley 5.5	, (IV)		
		Number of				
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
		1 445(45)	Ceremonial Role	Other 🔲	Income	
				ial Role" or "Other" describe below.	TO THE PARTY OF TH	
			Ceremoniai Role	Other ial Role" or "Other" describe below.	income	
ı			in the thing defending	ial Note of Other describe below.		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	nt to the agency's policy	
ı						
ļ.	Verification					
-	I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	vith the requirements.	
		na Uribe		et Adminstrator	9/20/12	
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
	Comment:				FPPC Form 802 (4/12)	
			ı	FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator		The state of the s		
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Γ	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair Provide Title/Expla		Date(s) 08	,30 ,13	09 29 13
	Yes□ No	ĭ If no: Fairple	ex Name of So	urce
Was ticket distribution made at the behest	No ☐ Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?		- II you	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency of the agenc		ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	4	4 Per Ticket Policy 5.3 (k)		
	Number of		· Variation and the King and the Control of the Con	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other Describe below:	Income L
		Ceremonial Role If checking "Ceremoni	Other Other or "Other" describe below:	Income 🔲
C Name of Outside Organization	Number of .			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification	10015 11			
I have read and understand FPPC Regulations 18944.1 and				th the requirements.
3 01	a Uribe		et Adminstrator	17/30//3
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:		- Andrews		

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name		**************************************	Date Stamp	California QA2
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Γ.	1
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair	anation	Date(s) 08	, 30 , 13	09 29 13
Ticket(s)/Pass(es) provided by agency?	Yes No	Fairple	ex Name of So	Urca
Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	uru.
of agency official?	No Yes	If yes: Supe	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or it.	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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)	Ceremonial Role	Identify one of the follow	
		The second secon	ial Role" or "Other" describe below:	Income L
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4	na Uribe	Ticke	et Adminstrator	9/38/17
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				TOIM
Division, Department, or Region (if Applicable	·)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)]	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amenament (Must)	provide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				10.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair Provide Title/Expla		Date(s) 08	,30 ,13	09 29 13
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Fairple	ex Name of Sc	ource
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?	140 = 162	i yes.	Official's Name (Last, First)
. Recipients	W-4			
Use Section A to identify the agency's department or it	unit. • Use Se	ction B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t 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 follow	Ing:
		Ceremonial Role If checking "Ceremoni	Other Other" describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
. Verification I have read and understand FPPC Regulations 18944.1 and Aviann Signature of Agency Head or Designee	18942. I have ve na Uribe Print Nam	Ticke	orth above, is in accordance wil et Adminstrator Tille	th the requirements. 9/36/13 (Manth, Day, Year)
Comment:				(myrini, Day, Teal)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molina@lact	oos.org		Date of Original Filing:	
2. Function or Event Information			JI T	(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	☐ Face Value o	of Each Ticket/Pass \$	19.00
			,30 ,13	09 29 13
Event Description Los Angeles County Fair Provide Title/Expl	anation	Date(s) 08	1/130 /113	03 N23 N13
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairpl	ex	
Ticket(s)// ass(cs) provided by agency:	Yes□ No	_	Name of Se	ource
Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?			Official's Name	(Last, First)
3. Recipients				. SHE
Use Section A to identify the agency's department or		ction B to identify an Individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t 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)	Ceremonial Role	Identify one of the follow Other Other describe below:	ring:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	t to the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944.1 and	1 <i>18942. I have ve</i> na Uribe			ith the requirements.
Signature of Agency Head or Designee	Print Nan		et Adminstrator	1/30/18
Signature Vingarity Flood of Designice	riiik Naii		Title	(Month, Day, Year)
Comment:				
			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator			 	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	1
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description Los Angeles County Fair Provide Title/Expl		Date(s) 08	,30 ,13	09 29 13
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	ex Name of Sou	Irce
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?	110-2 103	il yes.	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	ıal. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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	ng:
		Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremonial"	Other I all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant l	to the agency's policy
. Verification				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Signatule of Agency Head or Designee	na Uribe Print Nam		et Adminstrator	9/30/12
Salar Salar Flora of Designer	r mik ivan		TITIE	(Month, Day, Vear)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable	;)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator	XII yearnii Albarii Al			
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description Los Angeles County Fair		Date(s) 08	,30 ,13	09 29 13
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: Fairple		
West Select Season and a state between		Supe	Name of So rvisor Gloria Molina	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name (L	ast. First)
			,	
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ection B to identify an individu	ıal. • Use Section C to ident	ifv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	STREET STREET STREET	lic purpose made pursuant	TV 25 Art Value Sept 1 a 1994
Board of Supervisors Employee	4	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)	Ceremonial Role If checking "Ceremon	Other In all Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other Gal Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and Aviann Signature of Agency Head or Designee	18942. I have vo na Uribe Print Nan	Ticke	orth above, is in accordance with et Adminstrator Title	n the requirements. 9/3u/R (Month, Day, Year)
Comment:	_			

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors	Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Γ.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair		Date(s) 08	,30 ,13	09 29 13
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple		
		_	Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Supe	rvisor Gloria Molina Official's Name (L	act First
			Onicial's Ivanie (L	-asi, r risiy
3. Recipients		arian Baridanrisana indiala		
Use Section A to identify the agency's department or I	Number of	production of the contract of	An in a subject of the same	The Decision for the Control of the
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic 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 followi	ng:
		Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other Sal Role" or "Other" describe below:	Income
C. Name of Outside Organization Tic (include address and description)		Describe the public purpose made pursuant to the agency's polic		
. Verification	<u> </u>			
I have read and understand FPPC Regulations 18944.1 and				h the requirements.
	a Uribe		et Adminstrator	7/30/13
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				
· ·		1011190	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12 66/ASK-FPPC (866/275-7772

Ceremonial Role Eve	nts and Ticl	ket/Pass	Distributions		A Public Documen
1. Agency Name		Date Stamp	California 802		
Los Angeles County Board	of Supervisors		FOIII		
Division, Department, or Re	egion (If Applicable,)			For Official Use Only
First District					
Designated Agency Contac	t (Name, Title)]	
Avianna Uribe, Ticket Adm	ninistrator			Amendment (Must e	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				TOVICE EXPLANATION IN FAIT 3.)
(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Info			_	F	19.00
Does the agency have a tick	Contract Contraction	Yes⊠ No		of Each Ticket/Pass \$ -	
Event Description Los Ange	eles County Fair Provide Title/Expla	nation	Date(s) 08	, 30 , 13	09 29 13
Ticket(s)/Pass(es) provided	by agency?	Yes□ No	If no:		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	at the bata-t		Suna	Name of So ervisor Gloria Molina	urce
Was ticket distribution made of agency official?	at the benest	No Yes	If yes: Supe	Official's Name (I	Last, First)
. Recipients					
Use Section A to identify the ager	ncy's department or u	ual. • Use Section C to ident	tify an outside organization.		
A. Name of Agency, Departs	A. Name of Agency, Department or Unit Numb Ticke Pass		Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Emp	loyee	4	Per Ticket Policy 5.3	(k)	
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role If checking "Ceremon	Other I	Income
			Ceremonial Role If checking "Ceremonial	Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant	to the agency's policy
Verification I have read and understand FPPC Reg	Aviann	18942. I have vo a Uribe Print Nan	Ticke	et Adminstrator	9/36/13
orginature orngency nead or besign	D) 3	rint ivan	ic .	Tille	(Month, Day, Year)
Comment:		To the second			FPPC Form 802 (4/12
			J	FPPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-777

	onosi doc	Distributions		A Public Documen	
gency Name	Date Stamp	California 802			
s Angeles County Board of Supervisor	rs .			roilli -	
vision, Department, or Region (If Applicat	ble)			For Official Use Only	
rst District					
signated Agency Contact (Name, Title)					
vianna Uribe, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)	
ea Code/Phone Number E-mail			7	OVIGE EXPLANATION IN THE STATE OF	
13) 974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)	
unction or Event Information	- I	— — — — — — — — — —		19.00	
es the agency have a ticket policy?		Face Value of Date(s)	of Each Ticket/Pass \$ 4		
ent Description Los Angeles County Fa	, 30 , 13	09 29 13			
ket(s)/Pass(es) provided by agency?	Yes□ No	➤ If no: Fairpl			
		Name of Sc ervisor Gloria Molina	ource		
as ticket distribution made at the behest agency official?	No Yes	If yes: Supe	Official's Name (Last, First)	
				,	
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					
A. Name of Agency, Department or Unit		VALUE OF STREET	olic purpose made pursuant	The State of the S	
Board of Supervisors Employee 4		Per Ticket Policy 5.3 (k)			
ard of Supervisors Employee	1 4	Per licket Policy 5.3	3 (K)		
Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:	
	Pass(es)	Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income	
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
rification	1400 15 11		.,		
e read and understand FPPC Regulations 18944.1 at	<i>nd 18942. I have v</i> nna Uribe		<i>orth above, is in accordance wi</i> l et Adminstrator	th the requirements.	
Avia					
Signature of Agency Head or Designee			Title	(Month, Day, Year)	

Ce	remonial Role Events	and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802				
	Los Angeles County Board of Su	pervisors				TOTH	
Ĩ	Division, Department, or Region	(If Applicable)		7	For Official Use Only	
Γ	First District			-			
- 1	Designated Agency Contact (Nan	ne, Title)					
Γ	Avianna Uribe, Ticket Administrator						
- 4		nail			Amendment (Must	provide explanation in Part 3.)	
- 6		olina@lacb	os.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information	tion					
[Does the agency have a ticket po	licy?	Yes No	Face Value	of Each Ticket/Pass \$	19.00	
	Event Description Los Angeles C					09 29 13	
t	event Description Pro	vide Title/Expl	anation	Date(s) 08		V-5 113	
-	Ficket(s)/Pass(es) provided by ag	encv?	Yes□ No	If no: Fairp	olex		
		. .			Name of S	ource	
1	Vas ticket distribution made at the of agency official?	e behest	No Yes	If yes: Sur	pervisor Gloria Molina	(1 1 5 :- A	
	or agency official?				Official's Name	(Last, First)	
	Recipients					5000X	
-	Use Section A to identify the agency's d	epartment or L	init. • Use Se Number of	ction B to identify an indivi	idual. • Use Section C to ider	ntify an outside organization.	
-	A. Name of Agency, Department o	rUnit	Ticket(s)/ Pass(es)	Describe the pi	ublic purpose made pursuan	t to the agency's policy	
	Board of Supervisors Employee		4	Per Ticket Policy 5.3 (k)			
	3. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem	Identify one of the follow Other Onial Role" or "Other" describe below:	Income	
L				Ceremonial Role If checking "Cerem	Other Other or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description			Number of Ticket(s)/ Pass(es)		ıblic purpose made pursuan	t to the agency's policy	
	/erification //						
11	nave read and understand FPPC Regulation.					ith the requirements.	
_	7/1	Aviann	a Uribe		ket Adminstrator	9/30//	
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)	
	comment:						
_	oninioni, e				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen		
. Agency Name			Date Stamp	California Q02		
Los Angeles County Board of Supervisors				Form OUZ		
Division, Department, or Region (If Applicable	(e)			For Official Use Only		
First District						
Designated Agency Contact (Name, Title)				5		
Avianna Uribe, Ticket Administrator			Amendment (Must o	provide explanation in Part 3.)		
Area Code/Phone Number E-mail	b a a a war		Date of Original Filing:	ĺ		
(213) 974-4111 Molina@lac	bos.org		Date of Original Filling.	(Month, Day, Year)		
. Function or Event Information Does the agency have a ticket policy?	Yes No	. □ Face Value o	of Each Ticket/Pass \$	19.00		
			,30 13	09 29 13		
Event Description Los Angeles County Fall Provide Title/Exp		Date(s) 08	1/130 1/13	09 129 113		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN			
		Supp	Name of So	urce		
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (i	Last, First)		
Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ial. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A STATE OF THE STA	lic purpose made pursuant	TO STATE OF THE ST		
Board of Supervisors Employee	4	Per Ticket Policy 5.3 (k)				
bodia of Supervisors Employee	-	Territoricy 3.3 (k)				
	Number of					
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		Ceremonial Role	Other Other Other describe below:	Income		
1		Ceremonial Role	CONTRACTOR OF THE PARTY OF THE	Income		
		If checking "Geremoni	al Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Pass(es)					
Verification /		40				
I have read and understand PPC Regulations 18944.1 and	d 18942. I have v na Uribe			th the requirements.		
Signature of Agency Head or Designee	Print Nan		et Adminstrator			
	i micivali		ine	(Month, Day, Year)		
Comment:						
		1	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/1) 866/ASK-FPPC (866/275-777)		

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen	
Agency Name	Agency Name				
Los Angeles County Board of Supervisors				Form 802	
Division, Department, or Region (If Applicable,)			For Official Use Only	
First District					
Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator	wy - 50m - 1				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information				10.00	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	19.00	
Event Description Los Angeles County Fair Provide Title/Expla	nation	Date(s) 08	,30 ,13	09 29 13	
Ticket(s)/Pass(es) provided by agency?	Name of So	urce			
Was ticket distribution made at the behest No Yes ✓ If yes:			rvisor Gloria Molina		
of agency official?	NOE les	il yes:	Official's Name (I	Last, First)	
. Recipients					
Use Section A to identify the agency's department or u		ection B to identify an individu	al. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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 followl	ng:	
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	income	
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income [
Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)		Describe the publ	ic purpose made pursuant	to the agency's policy	
Verification	(<u>)</u>				
	have read and understand FPPC Regulations 18 <u>944.1 and 18942. I have verified that the distrib</u> ution set for Avianna Uribe Ticket			h the requirements.	
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)	
				(maint pay, red)	
Comment:				EDDO Farra 200 /4//	
		F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/1: 66/ASK-FPPC (866/275-777:	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name	gency Name				
Los Angeles County Board of Supervisors				Form 802	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
First District			1		
Designated Agency Contact (Name, Title)			1		
Avianna Uribe, Ticket Administrator		car yes webser in the second of the			
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			Γ		
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	19.00	
Event Description Los Angeles County Fair		Date(s) 08	,30 ,13	09 29 13	
Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:		A su constituir de la c	
			Name of So	ource	
Was ticket distribution made at the behest of agency official?	No Ves	If yes: Supe	rvisor Gloria Molina Official's Name	(Lock Eint)	
			Official's Ivame	Last, First)	
3. Recipients					
Use Section A to identify the agency's department or	Number of	ction B to identify an individu	ial. • Use Section C to ider	itify an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t 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)	Ceremonial Role	Identify one of the follow Other Other describe below:	ing:	
		Ceremonial Role If checking "Ceremon	Other all Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy	
. Verification	18042 h	orified that the distriction of	adh akaya i- i	M. M. annuin	
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve na Uribe		orth above, is in accordance wi et Adminstrator	tn tne requirements.	
Signature of Agency Head or Designee	Print Nan				
Organization regardly record of Designate	rintivan	iio	Title	(Month, Day, Year)	
Comment:					
			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)	

Ceremonial Role Ev	ents and Ticl	ket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Los Angeles County Boar	d of Supervisors				FOIIII OO
Division, Department, or F	Region (If Applicable,)			For Official Use Only
First District					
Designated Agency Conta	ct (Name, Title)			1	
Avianna Uribe, Ticket Ad	ministrator	SOM SAME			
Area Code/Phone Number	E-mail			Amendment (Must µ	provide explanation in Part 3.)
(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Inf	ormation				19.00
Does the agency have a tid	cket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ -	19.00
Event Description Los Ang	geles County Fair Provide Title/Expla	nation	Date(s) 08	,30 ,13	09 29 13
Ticket(s)/Pass(es) provided	d by agency?	Yes No	If no:	Name of Sc	ource
Was ticket distribution mad	le at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?			-	Official's Name (Last, First)
. Recipients					
Use Section A to identify the ag	ency's department or u	mit. • Use Se	ction B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depar	tment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
Board of Supervisors Emp	oloyee	4	Per Ticket Policy 5.3	(k)	
B. Name of Indivi	dual	Number of Ticket(s)/		Identify one of the follow	ing:
	100	Pass(es)	Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
			. Ceremonial Role	Other I al Role" or "Other" describe below:	Income
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification I have read and understand FPPC R	egulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
Signature of Agency Head or Desig		a Uribe Print Nan		et Adminstrator	9/80//3 (Month, Dal, Year)
Comment:				29	
COMMITTEE.	The state of the s				

Agency Name os Angeles County Board of Supervisors ivision, Department, or Region (If Applicable)			Date Stamp	California 802	
ivision, Department, or Region (If Applicable				Form OU	
		Los Angeles County Board of Supervisors			
irst District)			For Official Use Only	
i st District					
esignated Agency Contact (Name, Title)			1		
vianna Uribe, Ticket Administrator	7865		 		
rea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
unction or Event Information	MININE TO THE TAX THE		Г.	10.00	
oes the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	19.00	
vent Description Los Angeles County Fair	enation	Date(s) 08	,30 ,13	09 29 13	
		Fairple	ex		
cket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of So	urce	
as ticket distribution made at the behest	No□ Yes	If yes: Supe	ervisor Gloria Molina		
of agency official?			Official's Name (I	Last, First)	
ecipients					
Use Section A to identify the agency's department or u	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
oard of Supervisors Employee	4	Per Ticket Policy 5.3	(k)		
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ng:	
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income _	
C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency's policy			
erification ave read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	enfied that the distribution set fo	orth above, is in accordance wit	h the requirements.	
	a Uribe	11	et Adminstrator	01/2/1/	
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day Year)	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form 002
Division, Department, or Region (If Applicable	9)		4	For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)			•	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				19.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair		Date(s) 08	,30 ,13	09 29 13
Provide Title/Expl	anation	Fairpl	ev	
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: Faiipi	Name of So	ource
Was ticket distribution made at the behest	No□ Yes	Supe	ervisor Gloria Molina	
of agency official?	NO H Yes	If yes: Supe	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ider	itify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t 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	Identify one of the follow Other Other describe below:	ing:
		Ceremonial Role If checking "Ceremon	Other I lat Role" or "Other" describe below:	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		
Verification I have read and understand EPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
I have read and understand FPPC Regulations 18944.1 and	18942. I have vi		orth above, is in accordance wi et Adminstrator	th the requirements.
I have read and understand EPPC Regulations 18944.1 and		Ticke		th the requirements. (Monfin, Day, Yeyin)

Ceremonial Role Ever	its and Ticl	ket/Pass	Distributions		A Public Documen	
1. Agency Name				Date Stamp	California 802	
Los Angeles County Board	of Supervisors				Form CO	
Division, Department, or Reg	jion (If Applicable,)]	For Official Use Only	
First District						
Designated Agency Contact	(Name, Title)]		
Avianna Uribe, Ticket Admi	nistrator			Amendment (Must o	rovide explanation in Part 3.)	
Area Code/Phone Number	E-mail			1	JOVIGO EXPIGITATION INTO BICS.	
(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Infor				(19.00	
Does the agency have a ticke		Yes No		of Each Ticket/Pass \$		
Event Description Los Angel	es County Fair Provide Title/Expla	nation	Date(s) 08	,30 ,13	09 29 13	
Ticket(s)/Pass(es) provided b	y agency?	Yes No	if no: Fairpl		Same approximation of the contract of the cont	
Was ticket distribution made	at the behave	П	Sune	Name of So. Prvisor Gloria Molina	urce	
of agency official?	at the penest	No Yes	If yes:	Official's Name (I	_ast, First)	
. Recipients						
Use Section A to identify the agence	y's department or u	ual. • Use Section C to ident	ify an outside organization.			
A. Name of Agency, Department or Unit Number Tickets Pass(6)			Describe the pub	Describe the public purpose made pursuant to the agency's policy		
Board of Supervisors Emplo	Board of Supervisors Employee 4		Per Ticket Policy 5.3 (k)			
Board of Supervisors Emplo	, yee	4	Per ficket Policy 5.3	S (K)		
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followl	ng:	
(Last, First)		Pass(es)	Ceremonial Role	Other	Income _	
			If checking "Ceremon	nial Role" or "Other" describe below:		
			Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	Income	
Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
. Verification						
I have read and understand FPPC Regu		18942. I have v a Uribe		<i>orth above, is in accordance wit</i> et Adminstrator	th the requirements.	
Signature of Agency Head or Designed		Print Nan	ne	Title	(Month, Day, Year)	
		See 15 1100				
Comment:				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12 66/ASK-FPPC (866/275-7772	

C	eremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 202		
	Los Angeles County Board of Supervisors		Form OUZ		
	Division, Department, or Region (If Applicable)		For Official Use Only		
	First District	A Company			
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org	-	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	Г			
		Yes⊠ No	Face Value of	of Each Ticket/Pass \$	19.00
	1 1 6 . 5	100-20 110		,30 ,13	09 29 13
	Event Description Los Angeles County Fair Provide Title/Expla	nation	Date(s) 08		02 1/2
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple	ex	
		162 140	_	Name of Sc	ource
	Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	(1 t 5:0)
	of agency official?			Official's Name (Last, First)
3.	Recipients			7000 7000 Mac 1860 Microsoft 1900-19	a 1000
	Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	Board of Supervisors Employee	4	Per Ticket Policy 5.3	(k)	
		Number of		a programme de la companya de la com	
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income 🔲
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role	Other Garage Other	Income
1			in shooking Octomorn	arrole of 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		
ı					
Ì					
_	Verification /		JI.		
	I have read and understand FPPC Regulations 18944.1 and 1	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wil	th the requirements.
	Aviann			et Adminstrator	9/21/17
	Signature of Signa	Print Nam		Title	(Month, Day, Year)
	Comment:		9		EDBA B
				PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tid	ket/Pass	Distributions		A Public Document
1. Agency Name		THOU TO SHOULD SHOW SHOW SHOWS TO	Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				=
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Γ	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fai	r	Date(s) 08	,30 ,13	09 29 13
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes No		Name of Sc	OUZOO
Was ticket distribution made at the behest	🗖	Supe	ervisor Gloria Molina	nata.
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 Se	ction B to identify an individu	ual. • Use Section C to iden	itify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	propagations of the state of	lic purpose made pursuant	
Board of Supervisors Employee	8	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow Other I lat Role" or "Other" describe below:	ing:
		Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1 an				th the requirements.
	na Uribe		et Adminstrator	9/50/1
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				
			FPPC Toll-Free Helpline: I	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
Agency Name			Date Stamp	California 802	
Los Angeles County Board of Supervisors				I OIIII	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
First District					
Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
(213) 974-4111 Molina@lac	oos.org		Date of Original Filing	: (Month, Day, Year)	
2. Function or Event Information				19.00	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	19.00	
Event Description Los Angeles County Fair Provide Title/Exp	r lanation	Date(s) 08	,30 ,13	09 29 13	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Fairple	Name of S	ource	
Was ticket distribution made at the behest	Was ticket distribution made at the behest No Yes ✓ If yes: Super				
of agency official?		11 900.	Official's Name	(Last, First)	
. Recipients			,		
Use Section A to identify the agency's department or		ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt 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 follow	ving:	
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below	Income L	
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuar	it to the agency's policy	
. Verification	118010 11	adfed that the dietal	46-6		
I have read and understand FPPC Regulations 18944.1 and	1 18942.] have ve na Uribe			itn the requirements.	
Signature of Agency Head or Designee			et Adminstrator		
Signature vi Agency nead of Designee	Print Nan	nie	Title	(Month, Day, Year)	
Comment:					

	71 0111 0111 011 010 E 1 011 0	o ana mo	noo: aoc	Diotributiono		A Public Documen
1.	Agency Name				Date Stamp	California 802
- 1	Los Angeles County Board of	Supervisors			90011	Form OUZ
	Division, Department, or Region	on (If Applicable)			For Official Use Only
	First District	-	-			
	Designated Agency Contact (A	lame, Title)				
	Avianna Uribe, Ticket Admini	strator		di .		
- 1	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			1	9.00
	Does the agency have a ticket	policy?	Yes No	Face Value o	f Each Ticket/Pass \$	9.00
	LVEIL DESCHDUUH	S County Fair Provide Title/Expla	anation	Date(s) 08	,30 ,13	09 29 13
,	Ticket(s)/Pass(es) provided by		Yes□ No	If no:	ex	
				_	Name of Sou	rce
	Was ticket distribution made at of agency official?	the behest	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	
					Onicial's Name (La	ast, First)
	Recipients - Use Section A to identify the agency's	s department or u	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization
- 10.0	A. Name of Agency, Departmen	19.00	Number of Ticket(s)/ Pass(es)	s fight the first way	lic purpose made pursuant t	Patricia de Caracteria de Cara
	Board of Supervisors Employe	ee	8	Per Ticket Policy 5.3	(k)	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income L
L				Ceremonial Role If checking "Ceremonia	Other all Role" or "Other" describe below:	Income
	Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
		ounce .				
	Verification have read and understand FPPC Regulation Signature of Agency Head of Designee		18942. I have ve a Uribe Print Nam	Ticke	orth above, is in accordance with ht Adminstrator Піїв	the requirements. 9/36//3 (Month, Day, Year)
C	Comment:					

Ceremonial Note Events and the	Neur ass	בווטוווווווווווווווווווווווווווווווווו		A Public Document	
1. Agency Name			Date Stamp	California 802	
Los Angeles County Board of Supervisors				Form OUZ	
Division, Department, or Region (If Applicable)			For Official Use Only	
First District	San A Married				
Designated Agency Contact (Name, Title)			1		
Avianna Uribe, Ticket Administrator	-		_		
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			11	9.00	
Does the agency have a ticket policy?	Yes≚ No	Face Value o	of Each Ticket/Pass \$	9.00	
Event Description Los Angeles County Fair Provide Title/Expla		Date(s) 08	,30 ,13	09 29 13	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no:	ex		
Honor(d)/H dds(ds) provided by agency:	res No		Name of Sou	rce	
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina		
of agency official?			Official's Name (La	ast, First)	
3. Recipients	10 10 12			· · · · · · · · · · · · · · · · · · ·	
Use Section A to identify the agency's department or u	Number of	on the past of pasts are in the first fact.	And the first state of the first state of	TO SHAP THE PARTY OF THE PARTY	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's pol			
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 followin	g:	
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🗋	
		Ceremonial Role If checking 'Ceremoni	Other all Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy	
Vortinosi/Ab					
. Verification I have read and understand FPPC Regulations 18944.1 and Aviann Signature of Agency Head or Designee	18942. I have ve a Uribe Print Nam	Ticke	orth above, is in accordance with et Adminstrator Tille	the requirements.	
Comment:	W				

C	eremonial Role Events and Tid	ket/Pass	Distributions		A Public Document
1.	Agency Name		and the second s	Date Stamp	California 802
	Los Angeles County Board of Supervisors				I OIIII O
	Division, Department, or Region (If Applicable	le)			For Official Use Only
	First District		3,000	1	
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator		5. Little of contract	1	
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
	(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Manth Day Year)
2.	Function or Event Information			J	(Month, Day, Year)
	Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	19.00
	Event Description Los Angeles County Fai			,30 13	09 29 13
	Provide Title/Exp	lanation	Date(s) 08		03 NES 15
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Fairpl	ex	
	rionat(a) dea(es) provided by against.	TESEL INO	_	Name of Sc	ource
	Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
. Name and	of agency official?			Official's Name ((Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or		ection B to identify an individual	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t 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)	Ceremonial Role	Identify one of the follow	
				ial Role" or "Other" describe below:	Income L
1			Ceremonial Role If checking "Ceremon	Other I describe below:	Income
Į				lic purpose made pursuant	to the agency's policy
	Verification				
	have read and understand FPPC Regulations 18944.1 and				th the requirements.
			et Adminstrator	9/30/17	
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
(Comment:				
	ovinion.			FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

eremonial Role Events and Tick	cet/Pass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors			1	Form OUZ
Division, Department, or Region (If Applicable)	- Water		<u> </u>	For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)]	
Avianna Uribe, Ticket Administrator			DAmondment (Mark	provide explanation in Part 3.)
Area Code/Phone Number E-mail			Amenament (wast)	provide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org	js.	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				19.00
Does the agency have a ticket policy?	Yes🗵 No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair Provide Title/Expla.	nation	Date(s) 08	,30 ,13	09 29 13
3 (1994 P. 1994) (1994)	Yes□ No	Fairpl		
			Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (Last, First)
Recipients		Also and a second		
Use Section A to identify the agency's department or use	nit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	6	Per Ticket Policy 5.3	3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow Other Other describe below:	Ing:
		Ceremonial Role If checking "Ceremon	Other I	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and 1	8942 have ve	erified that the distribution set for	orth ahove is in econdence with	th the requirements
Verification I have read and understand FPPC Regulations 18944.1 and 1 Avianna				th the requirements.
I have read and understand FPPC Regulations 18944.1 and 1		Ticke	orth above, is in accordance wi et Adminstrator	th the requirements. (Month, Day, Year)