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@lacobos.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)

Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes X No □

Face Value of Each Ticket/Pass $27.00

Event Description Concert at Hollywood Bowl

Date(s) 08/27/13

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

If no: LA Philharmonic
Name of Source

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

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role Other □

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

Ceremonial Role Other □

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

Income □

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

Alliance for a Better Community
350 S. Bixel St., Los Angeles, CA 90017 30 Per Ticket Policy ()

Non-profit community organization.

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 27.00
Event Description Concert at Hollywood Bowl Date(s) 08/27/13
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
if no: LA Philharmonic Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
if yes: Supervisor Gloria Molina Official's Name (Last, First)

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

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

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:

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy

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

Casa Cultural - Saybrook Park
6250 Northside Dr., Los Angeles, CA 90022 27 Per Ticket Policy (i)
Volunteer support services.

4. Verification
I have read and understand FPPC Regulations 19541 and 19642. 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

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

Date of Original Filing

Amendment  (Must provide explanation in Part 3)

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

Face Value of Each Ticket/Pass $  27.00

Event Description  Concert at Hollywood Bowl

Date(s)  08  27  13

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

If no: LA Philharmonic

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>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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| Name of Individual  
(Last, First) | Number of Ticket(s)/ Pass(es)  | Identify one of the following: |
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<td>Ceremonial Role  Other  Income</td>
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<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

| 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 |
|---------------------------------|-----------------------------|---------------------------------------------------------------|
| Eagle Rock Recreation Center  
1100 Eagle Vista Dr., Los Angeles, CA 90041  | 10  | Per Ticket Policy () |
| Offers recreational, physical and cultural opportunities for all of Los Angeles residents  |                             |                                                               |

4. Verification
I have read and understand FPPC Regulations 18044.1 and 19042. 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): 10/11/2

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@iacbos.org

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Concert at Hollywood Bowl
- **Face Value of Each Ticket/Pass:** $27.00
- **Date(s):** 08/27/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no: LA Philharmonic**
- **Name of Source:**
- **Was ticket distribution made at the behest of agency officials?** 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

**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 understood 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:

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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

**Face Value of Each Ticket/Pass**
$27.00

**Date(s)**
08/27/13

**Event Description**
Concert at Hollywood Bowl

**Was ticket distribution made at the behest of agency official?**
Yes

**2. Function or Event Information**

**Does the agency have a ticket policy?**
Yes

**Event Description**
Concert at Hollywood Bowl

**Ticket(s)/Pass(es) provided by agency?**
No

**Was ticket distribution made at the behest of agency official?**
Yes

**3. Recipients**

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

**A. Name of Agency, Department or Unit**

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

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

**B. Name of Individual**

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

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

**C. Name of Outside Organization**

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

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

**4. Verification**

I have read and understood 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**
01/11/13

**Comment:**

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
**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 $27.00  
Event Description Concert at Hollywood Bowl
Date(s) 08[ ] 27[ ] 13[ ]
Ticket(s)/Pass(es) provided by agency?  
Yes [ ] No [x]
If no: LA Philharmonic  
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>
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</table>

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

| 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 |
|---------------------------------|-----------------------------|---------------------------------------------------------------|
| Los Angeles Music & Art School  
3630 East Third Street, Los Angeles, CA 90063 | 30  | Per Ticket Policy () |

Provides art education for youth.

**4. Verification**
I have read and understand FPPC Regulations 10244.1 and 10943. 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  
Date (Month, Day, Year)  
10/11/13

Comment:  

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒  No ☐
Face Value of Each Ticket/Pass $ 27.00
Event Description  Concert at Hollywood Bowl
Provide Title/Explanation
Date(s)
08 27 13
Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
If no: LA Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
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
Pico Rivera Senior Center 9200 Mines Ave., Pico Rivera, CA 90660  45  Per Ticket Policy (i)
Provides services to seniors.

4. Verification
I have read and understand FPPC Regulations 18641.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  Print Name  Title
Avianna Uribe  Ticket Administrator  10/11/13
(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 Concert at Hollywood Bowl

Face Value of Each Ticket/Pass $27.00

Date(s) 08/27/13

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

If no: LA Philharmonic

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

If yes: Supervisor Gloria Molina

3. Recipients

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

Salazar Park Seniors 3864 Whittier Blvd., Los Angeles, CA 90023 45 Per Ticket Policy (l)

Provides services to seniors.

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 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
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)

### Function or Event Information

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

**Event Description**
Concert at Hollywood Bowl

**Face Value of Each Ticket/Pass** $27.00

**Date(s)**
08 27 13

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

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

**Name of Source**
LA Philharmonic

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

### Recipients

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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**B. Name of Individual**

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<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
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<td></td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**
Whittier Narrows Nature Center
1000 N. Durfee Ave., S. El Monte, CA 91733

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

10 Per Ticket Policy (1)

Preservation of historic wildlife sanctuary.

### 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**
10/11/13

**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 [x]
   **Face Value of Each Ticket/Pass** $27.00
   **Event Description** Concert at Hollywood Bowl
   **Date(s)** 09 03 13
   **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   **If no:** LA Philharmonic
   **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**

   **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**
   Asian Youth Center
   232 West Clary Ave., San Gabriel, CA 91776
   20 Per Ticket Policy ()
   Provides youth services.

4. **Verification**
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   **Signature of Agency Head or Designee**
   **Title**
   **Pilot Name**
   **Ticket Administrator**
   **Date (Month, Day, Year):** 10/11/12

   **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 ☑ No ☐
   Face Value of Each Ticket/Pass $27.00
   Event Description
   Concert at Hollywood Bowl
   Date(s) 09 03 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no:
   Name of Source
   LA Philharmonic
   If yes:
   Supervisor Gloria Molina
   Official's Name (Last, First)

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

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

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

   Azusa Chamber of Commerce
   240 West Foothill Blvd., Azusa, CA 91702
   20 Per Ticket Policy (i)
   Volunteer committee.

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.

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

   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

- **Date Stamp:**
- **California Form 802**

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Concert at Hollywood Bowl

**Face Value of Each Ticket/Pass:** $27.00

- **Date(s):** 09-03-13

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

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

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

**A. Name of Agency, Department or Unit**

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**B. Name of Individual**

- **Name of individual** (Last, First)

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</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>
</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**

- **Name of Outside Organization** (include address and description)

<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>
<tbody>
<tr>
<td>Bell Gardens Senior Center</td>
<td>20</td>
<td>Per Ticket Policy (i)</td>
</tr>
</tbody>
</table>

Provides services to seniors.

### 4. Verification

I have read and understand FPPC Regulations 1044, 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: [Signature]

**Title:**

(Date, Month, Year)

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

#### 1. Agency Name

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

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description**: Concert at Hollywood Bowl
- **Face Value of Each Ticket/Pass**:
  - $27.00
- **Date(s)**: 09-03-13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]
- **Name of Source**: LA Philharmonic
  - **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**

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

**B. Name of Individual**

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

**C. Name of Outside Organization**

- **Name of Outside Organization**: California Village Apts. Neighborhood Watch
- **Address**: 2863 East Valley Blvd., West Covina, CA 91792
- **Number of Ticket(s)/Pass(es)**: 6
- **Describe the public purpose made pursuant to the agency's policy**: Per Ticket Policy (1)

**Volunteer support services for the community.**

#### 4. Verification

- **Signature of Agency Head or Designee**: [Signature]
- **Print Name**: Avianna Uribe
- **Title**: Ticket Administrator
- **Date**: 10/11/13

**Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-7772)
### Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**

Los Angeles County Board of Supervisors

<table>
<thead>
<tr>
<th>Division, Department, or Region (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First District</td>
</tr>
</tbody>
</table>

**Designated Agency Contact (Name, Title)**

Avianna Uribe, Ticket Administrator

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(213) 974-4111</td>
<td><a href="mailto:Molina@lacsos.org">Molina@lacsos.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

California Form 802

Form 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 [ ]
- **Event Description**
  - Concert at Hollywood Bowl
  - Provide Title/Explanation
- **Face Value of Each Ticket/Pass $** 27.00
- **Date(s)**
  - 09 03 13

- **LA Philharmonic**
  - Name of Source
  - Supervisor Gloria Molina
  - Official's Name (Last, First)

**3. Recipients**

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

- **B. Name of individual**
  - [Last, First]
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - Ceremonial Role [ ]
  - Other [ ]
  - Income [ ]

  - 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**

  - Cypress Park Neighborhood Imp. Assoc.
  - 3319 1/2 Alice Street, Los Angeles, CA 90065
  - 28 Per Ticket Policy (i)

  - Volunteer support services for the community

**4. Verification**

I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Signature of Agency Head or Designee**
- **Print Name**
- **Title**
- **(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 [x] No [ ]
Event Description Concert at Hollywood Bowl
Face Value of Each Ticket/Pass $27.00
Date(s) 09/03/13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: LA Philharmonic
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
--- | --- | ---

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 |

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
--- | --- | ---
Eagle Rock Seniors 1100 Eagle Vista Drive, Eagle Rock, CA 90041 | 15 | Per Ticket Policy |
Provides services to seniors.

4. Verification
I have read and understand FPPC Regulations 18944, 1 and 19832. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description, Provide Title/Explanation
Concert at Hollywood Bowl
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 $27.00
Date(s) 09 / 03 / 13
LA Philharmonic
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

B. Name of Individual
   Last Name
   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
   El Monte Police Dept., Girl Power
   11333 Valley Blvd., El Monte, CA 91731
   12 Per Ticket Policy (I)
   Organization helps young girls build skills for them to make good life decisions.

4. Verification
   I have read and understand FPPC Regulations 10244.1 and 10246. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Date
   Avianna Uribe
   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)
   10 / 11 / 12
   Comment:
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency 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 Concert at Hollywood Bowl
Date
09 03 13
Face Value of Each Ticket/Pass $27.00
Ticket(s)/Pass(es) provided by agency? Yes No X
Was ticket distribution made at the behest of agency official? No Yes X
LA Philharmonic
Name of Recipient: 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glassell Park Senior Citizen Center 3750 Verdugo Road, Los Angeles, CA 90065</td>
<td>30</td>
<td>Per Ticket Policy ()</td>
</tr>
</tbody>
</table>

Provides services to seniors.

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)
Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes  No
Event Description  Concert at Hollywood Bowl
Ticket(s)/Pass(es) provided by agency?  Yes  No
Was ticket distribution made at the behest of agency official?  No  Yes
Face Value of Each Ticket/Pass $27.00
Date(s)  09  10  13
If no: LA Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Ceremonial Role  Other  Income
   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
Human Services Association / Family Services  6800 Florence Ave., Bell Gardens, CA 90201  30  Per Ticket Policy (i)
Provides social services.

4. Verification
I have read and understand FPPC Regulations 18644 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
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

**Email**
Molina@lacbos.org

**Face Value of Each Ticket/Pass**
$27.00

**Date(s)**
09 03 13

**Event Description**
Concert at Hollywood Bowl

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

**Name of NAACP**
LA Philharmonic

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

**Name of Route**
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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of individual

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

#### 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>Huntington Park Women's Club P.O. Box 5237, Huntington Park, CA 90255</td>
<td>15</td>
<td>Per Ticket Policy (i)</td>
</tr>
</tbody>
</table>

**Community organization.**

### 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)**
10/11/13

**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

A Public Document

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number E-mail
   (213) 974-4111 Molina@lacbos.org
   Date Stamp
   California Form
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Concert at Hollywood Bowl
   Face Value of Each Ticket/Pass $27.00
   Date(s) 09 03 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   Name of Source
   If yes: Supervisor Gloria Molina
   Name of Source (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.  
   * Use Section B to identify an individual.  
   * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
      
      
   B. Name of individual
      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
      Weingart East LA YMCA
      2900 Whittier Blvd, Los Angeles, CA 90023  ☑ 30 Per Ticket Policy (i)
      Community organization.

4. Verification
   I have read and understand FPPC Regulations 10244.1 and 19042. 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 (Month, Day, Year)
   Comment:

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