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

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

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes [x] No []  
- Face Value of Each Ticket/Pass $27.00  
- Event Description  
  - Concert at Hollywood Bowl  
- Date(s)  
  - 08 22 13  
- Ticket(s)/Pass(es) provided by agency? Yes [x] No []  
- LA Philharmonic  
- Name of Source  
  - If no:  
  - If yes:  
  - Supervisor Gloria Molina  
  - Official's Name (Last, First)

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

<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>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
| A Cleaner Greener East Los Angeles  
670 Monterey Pass Road, Monterey Park, CA | 16 | Per Ticket Policy ()  
Non-Profit organization improving air quality for ELA by planting trees. |

**4. Verification**
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.  
- Signature of Agency Head or Designee:  
  - Avianna Uribe  
- Print Name  
  - Ticket Administrator  
- Title  
  - (Month, Day, Year)  
  - 10/17/2023

Comment:  

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $27.00
   Event Description: Concert at Hollywood Bowl
   Date(s): 08/22/13
   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**
   **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**
   Foundation O.U.R.S. Inc.
   820 E. Mooney Dr., Monterey Park, CA 91755
   20 Per Ticket Policy (i)
   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: (Month, Day, Year)

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - Division, Department, or Region (If Applicable)
   - First District
   - Designated Agency Contact (Name, Title)
     - Avianna Uribe, Ticket Administrator
   - Area Code/Phone Number
     - (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
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   - Face Value of Each Ticket/Pass: $27.00
   - Date(s): 09 05 13
   - If no: 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
     - Arbol Verde Preservation Committee
       - 462 Grinnell Dr., Unit D, Claremont, CA 91711
       - 20
       - Per Ticket Policy (i)
     - Non-profit historic Arbol Verde neighborhood committee.

4. **Verification**
   - I have read and understand FPPC Regulations 19441 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
   - Title: Ticket Administrator
   - Date (Month, Day, Year):

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

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

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

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

   **Area Code/Phone Number**
   - (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

   **Event Date(s)**
   - 09 / 05 / 13

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

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

   **Ticket(s)/Pass(es) provided by agency?**
   - LA Philharmonic

   **If no:**
   - Name of Source

   **If yes:**
   - Name of Source

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 Senior Center**
   - 740 N. Dalton Ave., Azusa, CA 91702
   - 30

   **Per Ticket Policy (i)**

   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**
   - (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

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)/Passes | Describe the public purpose made pursuant to the agency's policy
| | | Per Ticket Policy (i)

Boyle Heights Senior Citizen Center
2839 East 3rd St., Los Angeles, CA 90023
24
Provides services to seniors.

4. Verification:
I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Comment:

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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  

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>802</td>
</tr>
</tbody>
</table>

**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 05 13  
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]  
- **If no:**  
  **Name of Source** LA Philharmonic  
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]  
- **If yes:**  
  **Official's Name (Last, First)** Supervisor Gloria Molina  

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/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>Name of individual (Last, First)</th>
<th>Number of Tickets/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Description of purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Tickets/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
| El Centro del Pueblo  
1157 Lemoyne St, Los Angeles, CA 90026 | 26 | Per Ticket Policy (i)  
Non-profit community service agency. |

**4. Verification**
- Signature of Agency Head or Designee  
  Avianna Uribe  
  Ticket Administrator  
  **Date (Month, Day, Year)** 09/17/13

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area/Code/Phone Number 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
   Date(s) 09 05 13
   If no: LA Philharmonic
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Officer'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

<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>
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<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (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>Elysian Valley Seniors 1811 Ripple St., Los Angeles, CA 90039</td>
<td>21</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Provides services to seniors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 16944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title:
   (Month, Day, Year) 10/17/13

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

1. Agency Name
Los Angeles County Board of Supervisors
Division, Department, or Region (If Applicable)
First District
Designated Agency Contact (Name, Title)
Avianna Uribe, Ticket Administrator
Area Code/Phone Number 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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $27.00
Date(s) 09 05 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin High School Parent Group 820 North Avenue 54, Los Angeles, CA 90041</td>
<td>20</td>
<td>Per Ticket Policy (i)</td>
</tr>
</tbody>
</table>

Parent and youth services in the community.

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

Avianna Uribe Ticket Administrator

Signature of Agency Head or Designee
Print Name
Title

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Los Angeles County Board of Supervisors

Division, Department, or Region (If Applicable):

First District

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

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

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) 09 05 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)

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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<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
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B. Name of Individual

<table>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

C. 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>Friend of the South El Monte Library</td>
<td>12</td>
<td>Per Ticket Policy</td>
</tr>
</tbody>
</table>

Volunteer support services.

Verification

I have read and understand FPPC Regulations 19344.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment:

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - Designated Agency Contact (Name, Title):
   - Avianna Uribe, Ticket Administrator
   - Area Code/Phone Number: (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)**: 09/05/13
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no**: LA Philharmonic
   - **Name of Source**: Supervisor Gloria Molina
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

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

   **A. Name of Agency, Department or Unit**
   - Number of Ticket(s)/Pass(es)
   - 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

   Highland Park Chamber of Commerce
   - 5000 York Blvd, Los Angeles, CA 90042
   - 30
   - Per Ticket Policy (i)
   - Volunteer committee.

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18944. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Date: 10/17/13
   - Title: Ticket Administrator

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 05 13
- **Ticket(s)/Pass(es) provided by agency?** No [ ] Yes [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

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

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

#### C. Name of Outside Organization
- **Name of Outside Organization (include address and description):** Huntington Park-Parks & Recreation
- **3401 E. Florence Ave. Huntington Park, CA**
- **Number of Ticket(s)/Pass(es):** 30
- **Describe the public purpose made pursuant to the agency's policy:** Per Ticket Policy (i)

<table>
<thead>
<tr>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Ticket Policy (i)</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee:**
- **Print Name:** Avianna Uribe
- **Ticket Administrator:**
- **Title:**
- **Date:** 10/17/13

**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@lacos.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☑ No
Event Description Concert at Hollywood Bowl
Provide Ticket/Pass(es)
Face Value of Each Ticket/Pass $ 27.00
Date(s) 09 05 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.

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

<table>
<thead>
<tr>
<th>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>Meals on Wheels P.O. Box 3293, South San Gabriel, CA 91744 ☑</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Providing meals to seniors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18444, 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
Date 10/13/12
(Month, Day, Year)

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

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

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

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

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

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

**Date Stamp**

**California Form 802**
For Official Use Only

**Date of Original Filing:**

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

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description** Concert at Hollywood Bowl
- **Face Value of Each Ticket/Pass** $27.00
- **Date(s)**
  - 09 [ ]
  - 05 [ ]
  - 13 [ ]

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

**If no:**
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**

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
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<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>(Last, First)</td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<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>Old Timers Foundation</td>
<td>25</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>3335 E. Gage Ave., Huntington Park, CA 90254</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-profit social service agency.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

I have read and understand FPPC Regulations 10444.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

**Signature of Agency Head or Designee**

**Print Name**
Avianna Uribe

**Title**
Ticket Administrator

**Date** (Month, Day, Year)
10/17/23

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Name**
Los Angeles County Board of Supervisors

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

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

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

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

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

**Event Description**
Concert at Hollywood Bowl

**Date(s)**
09 05 13

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

**If no:**
LA Philharmonic

**Name of Recipient**
Supervisor Gloria Molina

**Official’s Name (Last, First)**

**Function or Event Information**
**Does the agency have a ticket policy?**
Yes [X] No [ ]

**Ticket(s)/Pass(es) provided at the behest of agency official?**
No [ ] Yes [X]

**A. 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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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>Valleydale Park / Community Outreach 5525 N. Lark Ellen Ave., Azusa, CA 91702</td>
<td>15</td>
<td>Per Ticket Policy (I)</td>
</tr>
</tbody>
</table>

**C. Community group.**

**4. Verification**
I have read and understand FPPC Regulations 19344.1 and 19346. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

**Signature of Agency Head or Designee**

**Print Name**

**Title**

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

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

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

Date Stamp
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3)
Date of Original Filing:

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 05 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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<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>West Covina Senior Center 2501 E. Cortez St., West Covina, CA 91792</td>
<td>15 Per Ticket Policy ()</td>
<td>Provides services to seniors.</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19441 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Ticket Administrator
(Title)

Month, Day, Year

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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $27.00  
Event Description: Concert at Hollywood Bowl  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
Date(s) 09 10 11  
If no: LA Philharmonic  
If yes: Supervisor Gloria Molina  
Name of Source:  
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>
</table>
| El Sereno Senior Citizen Center  
4818 Klamath Place, Los Angeles, CA 90032 | 16  
Per Ticket Policy (I) | Provides services to seniors. |

4. Verification  
I have read and understood FPPC Regulations 18444.1 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): 10/17/13

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator

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 10 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: LA Philharmonic
   Name of Recipient
   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:
   Evangelical Formosan Church - Comm. Ctr
   9358 Telstar Ave., El Monte, CA 91731
   30 Per Ticket Policy (i)
   Provides services to the community.

4. Verification
   I have read and understand FPPC Regulations 18244.1 and 18244.2. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

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

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

   **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 [ ]

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

   - **Event Description**
     - Concert at Hollywood Bowl

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

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

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**

   **Date(s)**

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

   **Identify one of the following:**

   - Ceremonial Role [ ]
   - Other [ ]
   - Income [ ]

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

   **C. Name of Outside Organization**

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

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

   - Friends of Sunkist Library
     - 840 N. Puente Ave., La Puente, CA 91746
     - 4
     - Per Ticket Policy (i)

   **Volunteer support services.**

4. **Verification**

   I have read and understand FPPC Regulations 19344.1 and 19843. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head or Designee**

   **Print Name**

   **Title**

   **Date**

   [Signature]

   Avianna Uribe

   Ticket Administrator

   [Month, Day, Year]

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

1. Agency Name
Los Angeles County Board of Supervisors

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

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

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

Date Stamp California Form 802
For Official Use Only

 Amend (Must provide explanation in Part C)

Date of Original Filing:

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

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Face Value of Each Ticket/Pass $ 27.00

Date(s) 09 10 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.

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<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>Griffith Park Adult Community Center 3203 Riverside Dr., Los Angeles, CA 90027</td>
<td>45</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Provides services to seniors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Avianna Uribe  Ticket Administrator

Signature of Agency Head or Designee  Print Name  Title

(Date) (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

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<tbody>
<tr>
<td>Division, Department, or Region</td>
<td>First District</td>
</tr>
<tr>
<td>Designated Agency Contact</td>
<td>Avianna Uribe, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(213) 974-4111</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
</tr>
</tbody>
</table>

**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? **No**
- Face Value of Each Ticket/Pass $27.00
  - Date(s): 09 10 13

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

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Ceremonial Role  Other  Income</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</table>

<table>
<thead>
<tr>
<th>C. 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>Hillsides Federation of Senior Citizens</td>
<td>20</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>4495 Gateside Dr., Los Angeles, CA 90032</td>
<td></td>
<td>Provides services to seniors.</td>
</tr>
</tbody>
</table>

**4. Verification**
I have read and understand FPPC Regulations 18944.1 and 18949. I have verified that the distribution set forth above is in accordance with the requirements.

Signed: [Signature]
Avianna Uribe
Ticket Administrator

Date: 10/17/13

Comment: [Comment]

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

1. Agency Name
   Los Angeles County Board of Supervisors
   First District
   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 10 13
   Ticket(s)/Pass(es) provided by agency? Yes [x]  No [ ]
   If no: LA Philharmonic
   Was ticket distribution made at the behest of agency official? No [x]  Yes [ ]
   If yes: Supervisor Gloria Molina

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

   A. Name of Agency, Department or Unit
      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 [x]  Other [ ]  Income [ ]
      If checking “Ceremonial Role” or “Other,” describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Langley Senior Center, Monterey Park
      400 W. Emerson Ave., Monterey Park, CA 91754
      20 Per Ticket Policy (i)
      Provides services to seniors.

4. Verification
   I have read and understand FPPC Regulations 18444.1 and 18442. 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)
   Date:  10/17/13

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

1. Agency Name
Los Angeles County Board of Supervisors

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

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

Area Code/Phone Number  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
Provide Title/Explanation

Face Value of Each Ticket/Pass $27.00

Date(s) 09 10 11 13

Ticket(s)/Pass(es) provided by agency?  Yes [x]  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

Montebello Senior Center
115 S. Taylor Ave., Montebello, CA 90640  25  Per Ticket Policy (i)
Provides services to seniors.

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

Signature of Agency Head or Designee  Print Name  Title
Avianna Uribe  Ticket Administrator  10/17/13

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 [ ]
   Face Value of Each Ticket/Pass $ 27.00
   Event Description Concert at Hollywood Bowl
   Provide Title/Explanation
   Date(s) 09 10 11 12 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
   Neighborhood Music School 358 S. Boyle Ave, Los Angeles, CA 90033 20 Per Ticket Policy (i)
   Non-profit organization providing music lessons to youth in the community.

4. Verification
   I have read and understand FPPC Regulations 10244.1 and 19442. 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)
   10/17/12

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Concert at Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $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:

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

Our Neighborhood Homework House
817 E. Monrovia PL, Azusa, CA 91702 20 Per Ticket Policy (i)
Assisting youth and their families in the community.

4. Verification
I have read and understood FPCC Regulations 19461 and 19462. I have verified that the distribution set forth above, is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Title
Date (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $27.00
Event Description Concert at Hollywood Bowl
Date(s) 09 10 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>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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] 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>Rosemead Chamber of Commerce 3953 N. Muscatel Ave., Rosemead, CA 91770</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Volunteer committee.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe [Signature of Agency Head or Designee]
Ticket Administrator [Print Name, Title]
10/17/13 [Date]

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $ 27.00
Event Description Concert at Hollywood Bowl
Date(s) 09 10 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shamwood Neighborhood Watch 1917 E. Shamwood St., West Covina, CA 91792</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Advocates for the safe homes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19244.1 and 19244.2. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Ticket Administrator
Print Name
Title
Date (Month, Day, Year) 10/17/13

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

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

**Division, Department, or Region (If Applicable):**

- **First District**

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

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

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

---

## 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 10 13

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

**If no:**
LA Philharmonic

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

### 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>United Seniors of Lincoln Park 3501 Valley Blvd., Los Angeles, CA 90031</td>
<td>20</td>
<td>Per Ticket Policy (i)</td>
</tr>
<tr>
<td>Providing services to seniors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## 4. Verification

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

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

**Print Name**
Ticket Administrator

**Title**

**Date (Month, Day, Year):**
10/17/13

**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 [x] No [ ]
   Event Description Concert at Hollywood Bowl
   Face Value of Each Ticket/Pass $ 27.00
   Date(s) 09 12 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 [ ] 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
   Angelus Plaza Seniors/Retirement House Fdn
   255 S. Hill St., Los Angeles, CA 90012 10 Per Ticket Policy (i)
   Providing services to seniors.

4. **Verification**
   I have read and understand FPPC Regulations 18444.4 and 18444. I have verified that the distribution set forth above is in accordance with the requirements.

   **Avianna Uribe**
   **Ticket Administrator**
   Signature of Agency Head or Designee
   Print Name
   Title
   (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
   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
   Face Value of Each Ticket/Pass $27.00
   Date(s)  09  12  13
   Ticket(s)/Pass(es) provided by agency?  Yes  [ ]  No [x]
   If no:  LA Philharmonic
   Name of Recipient
   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
      Bell Women's Club
      4401 East Gage Ave., Bell, CA 90201  10  Per Ticket Policy (i)

   Community organization.

4. Verification
   I have read and understand FPPC Regulations 18144, 1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee  Avianna Uribe  Print Name  Ticket Administrator
   Title  Print Name  (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - 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 No
   - Event Description: Concert at Hollywood Bowl
   - Ticket(s)/Pass(es) provided by agency? Yes No [x]
   - Date(s): 09/12/13
   - 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
   - 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
   - Claremont Joselyn Senior Center
   - 660 N. Mountain Ave., Claremont, CA 91711
   - 22
   - Per Ticket Policy (i)
   - Provides services to seniors.

4. **Verification**
   - I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Avianna Uribe
   - Ticket Administrator
   - Signature of Agency Head or Designee
   - (Month, Day, Year)

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

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

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

**Date Stamp**

**California Form 802**
For Official Use Only

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

Date of Original Filing: (Month, Day, Year)

### 2. Function or Event Information
Do 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 12 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
<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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>Include address and description</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Valley Community Health Center</td>
<td>30</td>
<td>Per Ticket Policy (i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides health services to the community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number   E-mail
   (213) 974-4111   Molina@labcos.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 12 13
   Ticket(s)/Pass(es) provided by agency?  Yes [X]  No
   If no: LA Philharmonic
   Name of Recipient: 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 [X]   Other   Income
      If checking "Ceremonial Role" describe below:
      Ceremonial Role [X]   Other   Income
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Pellessier Village Neighborhood Watch
      2209 Mardel Ave., Pellessier Village, CA 90601
      20  Per Ticket Policy
      Advocates for safe homes.

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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No □
Event Description: Concert at Hollywood Bowl
Provide Time/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No [x]
Was ticket distribution made at the behest of agency official? Yes [x] No □
Face Value of Each Ticket/Pass $27.00
Date(s) 09/12/13
LA Philharmonic
Name of Recipient: 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
   Pilgrim Group/CHAP - Homeless Advocates
   625 Mayflower, Claremont, CA 91711   22   Per Ticket Policy (i)
   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.
Avianna Uribe
Ticket Administrator

Signature of Agency Head or Designee   Print Name   Title
10/17/15

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Event Description: Concert at Hollywood Bowl
   - Face Value of Each Ticket/Pass: $27.00
   - Date(s): 09 12 13
   - Ticket(s)/Pass(es) provided by agency: **No**
   - Name of Source: LA Philharmonic
   - If yes: Supervisor Gloria Molina

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
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role
     - Other
     - Income
   - Ceremonial Role
   - Other
   - Income

   C. Name of Outside Organization
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy
   - Pomona Senior Center
   - 499 E. Highway, Pomona, CA 91767
   - 22 Per Ticket Policy
   - 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: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - Division, Department, or Region (If Applicable)
   - First District
   - Designated Agency Contact (Name, Title)
   - Avianna Uribe, Ticket Administrator
   - Area Code/Phone Number: (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 12 13
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Name of Supplier: LA Philharmonic
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   - Official’s Name (Last, First): Supervisor Gloria Molina

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

   **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

   Potrero Heights Community & Senior Center
   - 8051 Arroyo Dr., Montebello, CA 90640
   - 41
   - Per Ticket Policy
   - Provides services to seniors.

4. **Verification**
   - I have read and understand FPPC Regulations 19344, 1 and 19432. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Avianna Uribe
   - Title: Ticket Administrator
   - Date: 10/12/13

Comment: [ ]