

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 **802**
For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

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) 08 / 22 / 13

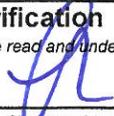
If no: LA Philharmonic
Name of Source

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
A Cleaner Greener East Los Angeles 670 Monterey Pass Road, Monterey Park, CA +	16	Per Ticket Policy (i)
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:  Print Name: Avianna Uribe Title: Ticket Administrator Date: 10/17/13

Comment: _____

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Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes 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) 08 / 22 / 13

If no: LA Philharmonic
Name of Source

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

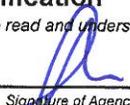
3. Recipients

• 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
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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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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2. Function or Event Information

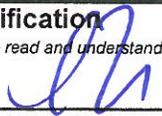
Does the agency have a ticket policy? Yes No
 Event Description Concert at Hollywood Bowl
 Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No
 Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 27.00
 Date(s) 09 / 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
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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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes 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 / 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
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes 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 / 05 / 13

If no: LA Philharmonic
Name of Source

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

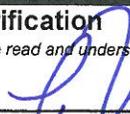
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Boyle Heights Senior Citizen Center 2839 East 3rd St., Los Angeles, CA 90023 +	24	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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

Date Stamp: _____

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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

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 / 05 / 13

If no: LA Philharmonic
 Name of Source

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

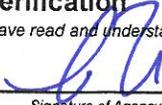
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
El Centro del Pueblo 1157 Lemoyn St., Los Angeles, CA 90026 +	26	Per Ticket Policy (i)
Non-profit community service agency.		

4. Verification

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

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 27.00

Date(s) 09 / 05 / 13

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)

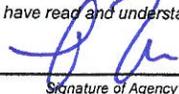
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Elysian Valley Seniors 1811 Ripple St., Los Angeles, CA 90039	21	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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No []
Event Description: 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 [X]
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 with 3 main sections: A. Name of Agency, Department or Unit; B. Name of Individual; C. Name of Outside Organization. Includes columns for Name, Number of Ticket(s)/Pass(es), and Description.

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
Title: Ticket Administrator
Date: 10/17/13

Comment:

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2. Function or Event Information
Does the agency have a ticket policy? Yes [x] 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 [x]
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)

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Table with 3 main sections: A. Name of Agency, Department or Unit; B. Name of Individual; C. Name of Outside Organization. Includes columns for Number of Ticket(s)/Pass(es) and Describe the public purpose made pursuant to the agency's policy.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee: Avianna Uribe
Print Name: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/12
Month, Day, Year

Comment:

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes 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 / 05 / 13

If no: LA Philharmonic
Name of Source

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

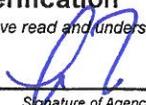
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Highland Park Chamber of Commerce 5000 York Blvd, Los Angeles, CA 90042	30	Per Ticket Policy (i)
Volunteer committee.		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. 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

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

Comment: _____

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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 / 05 / 13

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

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

If no: LA Philharmonic
Name of Source

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

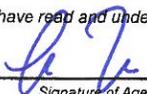
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Huntington Park-Parks & Recreation 3401 E. Florence Ave. Huntington Park, CA +	30	Per Ticket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

4. Verification

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

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

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(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes 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 / 05 / 13

If no: LA Philharmonic
Name of Source

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

3. Recipients

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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
Meals on Wheels P.O. Box 3293, South San Gabriel, CA 91744 +	30	Per Ticket Policy (i)
Providing meals 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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 10/13/12

Comment: _____

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

A Public Document

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

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 / 05 / 13

If no: LA Philharmonic
Name of Source

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

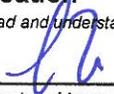
3. Recipients

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Old Timers Foundation 3355 E. Gage Ave., Huntington Park, CA 90255	25	Per Ticket Policy (i)
Non-profit social service agency.		

4. Verification

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

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment:

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

A Public Document

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No []
Event Description 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 [X]
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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose made pursuant to the agency's policy. Includes entries for Valleydale Park / Community Outreach.

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: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13
Month, Day, Year

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 27.00

Date(s) 09 / 05 / 13

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

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

If no: LA Philharmonic
Name of Source

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

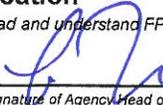
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
West Covina Senior Center 2501 E. Cortez St., West Covina, CA 91792	15	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:  Print Name: Avianna Uribe Title: Ticket Administrator Date: 10/17/13

Comment: _____

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

A Public Document

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

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)

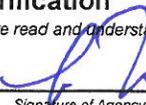
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

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

2. Function or Event Information: Does the agency have a ticket policy? Yes [X] No [], Face Value of Each Ticket/Pass \$ 27.00, Event Description: Concert at Hollywood Bowl, Date(s): 09/10/13, Ticket(s)/Pass(es) provided by agency? Yes [] No [X], Was ticket distribution made at the behest of agency official? No [] Yes [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 with 3 columns: Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Section B: Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: Ceremonial Role, Other, Income. Section C: Name of Outside Organization (include address and description); Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy.

4. Verification: I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Signature of Agency Head or Designee: Avianna Uribe, Title: Ticket Administrator, Date: 10/17/13

Comment:

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

A Public Document

1. Agency Name

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

Date Stamp

California Form 802
 For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes 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

Was ticket distribution made at the behest of agency official? No Yes
 If yes: Supervisor Gloria Molina
 Official's Name (Last, First)

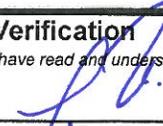
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

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

A Public Document

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

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

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Includes entries for Griffith Park Adult Community Center.

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: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13
Month, Day, Year

Comment:

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

A Public Document

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

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

Table with 3 main sections: A. Name of Agency, Department or Unit; B. Name of Individual; C. Name of Outside Organization. Includes columns for Name, Number of Ticket(s)/Pass(es), and Description of public purpose.

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: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13

Comment:

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

A Public Document

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

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

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

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

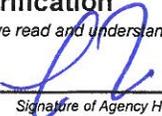
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

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

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

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Includes entries for Montebello Senior Center.

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: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13

Comment:

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

A Public Document

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

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

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

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose made pursuant to the agency's policy. Includes entries for 'Our Neighborhood Homework House' and 'Assisting youth and their families 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.
Signature of Agency Head or Designee: [Signature]
Print Name: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13

Comment:

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

A Public Document

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

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

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

If no: LA Philharmonic
Name of Source

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

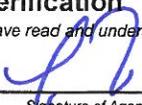
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Rosemead Chamber of Commerce 3953 N. Muscatel Ave., Rosemead, CA 91770 +	30	Per Ticket Policy (i)
Volunteer committee.		

4. Verification

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

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

Comment: _____

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

A Public Document

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

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

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Includes entries for Shamwood Neighborhood Watch and Advocates for the safe homes.

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
Title: Ticket Administrator
Date: 10/17/13

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable)			
First District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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)

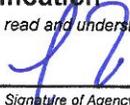
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
United Seniors of Lincoln Park 3501 Valley Blvd., Los Angeles, CA 90031	20	Per Ticket Policy (i)
Providing 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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No []
Event Description 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 [x]
Face Value of Each Ticket/Pass \$ 27.00
Date(s) 09 / 12 / 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 with 3 columns: 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 with 3 columns: B. Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: Ceremonial Role, Other, Income.

Table with 3 columns: B. Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: Ceremonial Role, Other, Income.

Table with 3 columns: C. Name of Outside Organization (Include address and description); Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee: Avianna Uribe
Print Name: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13
Month, Day, Year

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description Date(s) / /
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no:
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes:
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Avianna Uribe	Ticket Administrator	16/17/13
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes 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 / 12 / 13

If no: LA Philharmonic
Name of Source

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

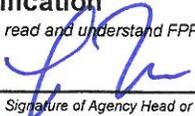
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

1. Agency Name

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

Date Stamp:
 California Form **802**
 For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No
 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 / 12 / 13
 If no: LA Philharmonic
 Name of Source
 If yes: Supervisor Gloria Molina
 Official's Name (Last, First)

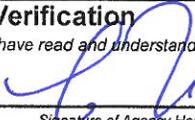
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
East Valley Community Health Center 420 S. Glendora Ave., West Covina, CA 91733	30	Per Ticket Policy (i)
Provides health services to 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.

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

Comment: _____

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

A Public Document

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

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 / 12 / 13

If no: LA Philharmonic
Name of Source

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

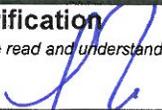
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pellessier Village Neighborhood Watch 2209 Mardel Ave., Pellessier Village, CA 90601	20	Per Ticket Policy (i)
Advocates for safe homes.		

4. Verification

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

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No []
Event Description 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 [X]
Face Value of Each Ticket/Pass \$ 27.00
Date(s) 09 / 12 / 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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Includes entries for Pilgrim Group/CHAP - Homeless Advocates and a 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: Avianna Uribe
Title: Ticket Administrator
Date: 10/17/13
Month, Day, Year

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable)			
First District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 / 12 / 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pomona Senior Center 499 E. Highway, Pomona, CA 91767	22	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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

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

Comment: _____

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

A Public Document

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

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 / 12 / 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(Include address and description)</i>	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 (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:  Print Name: Avianna Uribe Title: Ticket Administrator Date: 10/17/13

Comment: _____