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 $165.00
   Event Description Performance of Sleeping Beauty
   Date(s) 11 24 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Center Theatre Group
   Name of Source
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      □ Ceremonial Role ☑ Other
      If checking "Ceremonial Role" or "Other" describe below:
      Per Ticket Policy 5.3 (g)
   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19342. 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:
Report of:
Ceremonial Role Events and Ticket/Pass Distributions

Agency Name
Los Angeles County Board of Supervisors

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

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

Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacsos.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 [ ]

Face Value of Each Ticket/Pass $168.00

Event Description Concert at Disney Hall

Date(s) 12 08 13

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

Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

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

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification

I have read and understand FPPC Regulations 18944 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 (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
For Official Use Only

Amendment (Must provide explanation on Part 1) 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 Disney Hall
Provide Title/Explanation

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

Face Value of Each Ticket/Pass:$ $99.00

Date(s)
12 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>
<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>
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<td></td>
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</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>Cardoso, Diego</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (h)

<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>
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</table>

4. Verification
I have read and understand FPPC Regulations 19441 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 Title (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description
Concert at Disney Hall
Face Value of Each Ticket/Pass $168.00
Date(s) 12 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]
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual (Last, First)</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>Faustinos, Belinda</td>
<td>2</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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 Print Name Title
Date (Month, Day, Year)
Comment:

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

1. Agency Name
   Los Angeles County Board of Supervisors
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number: (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 $168.00
   Event Description: Concert at Disney Hall
   Date(s): 12 15 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)
      Ceremonial Role [ ] Other [x]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Per Ticket Policy 5.3 (g)

   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 10844.1 and 10942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature: Avianna Uribe
   Print Name: Ticket Administrator
   (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 Disney Hall
   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 $168.00
   Date(s) 12 17 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
   Board of Supervisors Employee | 2 | Per Ticket Policy 5.3 (k)

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

   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head or Designee
   Avianna Uribe
   Ticket Administrator
   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@lacity.org

#### 2. Function or Event Information
- Does the agency have a ticket policy? [X] Yes  No
- Event Description: Concert at Disney Hall
- Face Value of Each Ticket/Pass: $99.00
- Date(s): 12 17 13
- Ticket(s)/Pass(es) provided by agency? [X] Yes  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
- Board of Supervisors Employee
- Number of Ticket(s)/Pass(es): 2
- Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3 (k)

##### B. Name of Individual
- Name of Individual: [Blank]
- Number of Ticket(s)/Pass(es): [Blank]
- Identify one of the following:
  - Ceremonial Role
  - Other
  - Income
  - If checking "Ceremonial Role" or "Other" describe below:

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

#### 4. Verification
- I have read and understood FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature: [Blank]
- Print Name: Avianna Uribe
- Title: Ticket Administrator
- Date: 10/10/13

**Comment:** [Blank]

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

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

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

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

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

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

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

   **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** $99.00
   - **Date(s)** 12, 18, 13
   - **Event Description** Concert at Disney Hall
     - Provide Title/Explanation
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
   - **If yes, Name of Source** LA Philharmonic
   - **If no, 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**
   - Board of Supervisors Employee
   - **Number of Ticket(s)/Pass(es)** 2
   - **Describe the public purpose made pursuant to the agency's policy** Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - [Last, First]
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role [ ] Other [ ] Income [ ]
       - If checking "Ceremonial Role" or "Other" describe below:

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

4. **Verification**
   - I have read and understand FPPC Regulations 19441 and 19842. 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** 12/11/15

   **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
   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? [X] Yes ☐ No
   Event Description: Concert at Disney Hall
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $: $168.00
   Date(s): 12 18 13
   Ticket(s)/Pass(es) provided by agency? [X] Yes ☐ No
   Name of Source: LA Philharmonic
   Was ticket distribution made at the behest of agency official? [X] Yes ☐ No
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit: Board of Supervisors Employee
      Number of Ticket(s)/Pass(es): 2
      Describe the public purpose made pursuant to the agency's policy
      Per Ticket Policy 5.3 (k)

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

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

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

   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   (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 [x]
   Face Value of Each Ticket/Pass $ [ ]
   Date(s) [ ]
   Event Description [ ]
   Provide Title/Explanation
   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) Ceremonial Role [ ] Other [x] Income [ ]
   Cardoso, Diego 2
   Per Ticket Policy 5.3 (h)
   Ceremonial Role [ ] Other [ ] Income [ ]

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

4. Verification
   I have read and understood FPPC Regulations 18944.4 and 18946. 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)]

   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**
- **Date Stamp**: [Blank]
- **California Form 802**
- **For Official Use Only**

**First District**

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

**Area Code/Phone Number**
- **(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** $168.00
- **Date(s)**: 12 20 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

**Event Description**
- **Concert at Disney Hall**

**Provide Title/Explanation**
- [Blank]

**If no:**
- **LA Philharmonic**

**Name of Group**
- [Blank]

**If yes:**
- **Supervisor Gloria Molina**

**Official’s Name (Last, First)**
- [Blank]

#### 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**
- [Blank]
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency’s policy**
- [Blank]

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

**If checking “Ceremonial Role” or “Other” describe below:**
- **Per Ticket Policy 5.3 (h)**
- **Ceremonial Role** [ ]
- **Other** [ ]
- **Income** [ ]

**If checking “Ceremonial Role” or “Other” describe below:**
- [Blank]

**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**
- [Blank]

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

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

**Print Name**
- [Blank]

**Title**
- [Blank]

**Date**
- [Blank]

**Comment**
- [Blank]

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)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Concert at Disney Hall
   Face Value of Each Ticket/Pass $168.00
   Date(s): 12 | 21 | 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Name of Source: LA Philharmonic
   If no: N/A
   If yes: Supervisor Gloria Molina
   Date of Original Filing: (Month, Day, Year)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Employee | 2 | Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last First) | Number of Ticket(s)/Pass(es) | 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
      | | Ceremonial Role [ ] Other [ ]
      | | Income [ ]
      | | If checking "Ceremonial Role" or "Other" describe below:

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) 10/23/23
   Comment: }

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - Division, Department, or Region: 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 [X]  No [ ]
   - Event Description: Concert at Disney Hall
   - Face Value of Each Ticket/Pass $99.00
   - Date(s): 12 21 13
   - Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [X]
   - Was ticket distribution made at the behest of agency official?  No [ ]  Yes [X]
   - LA Philharmonic
     - Name of Source: Supervisor Gloria Molina
     - Official's Name (Last, First): Molina, Gloria

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) 2
   - Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:

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

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

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

4. **Verification**
   - I have read and understand FPPC Regulations 19344, 1 and 19342. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Avianna Uribe
   - Title: Ticket Administrator
   - Date (Month, Day, Year): 12/12/18

Comment: [Comment]

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Concert at Disney Hall
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 $168.00
Date(s) 12 21 13
If no: LA Philharmonic
Name of Stoner
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

B. Name of individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role [ ] Other [ ] Income [ ]
If checking “Ceremonial Role” or “Other” describe below:
Ceremonial Role [ ] Other [ ] Income [ ]
If checking “Ceremonial Role” or “Other” describe below:

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

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

Signature of Agency/Head or Designee Print Name Title
Avianna Uribe [ ] Ticket Administrator [ ]
(Month, Day, Year) 12/12/13

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 Disney Hall
   Face Value of Each Ticket/Pass $168.00
   Date(s) 12 22 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: 
     Name of Source: LA Philharmonic
     Name of Source: Supervisor Gloria Molina
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   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
   Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

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

   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 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:
   Date (Month, Day, Year):
   Signature of Designee:

Comment:
**Agencies and Event Information**

**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)

---

**Function or Event Information**

**Does the agency have a ticket policy?** Yes ☑ No □

**Event Description:** Concert at Disney Hall

**Face Value of Each Ticket/Pass:** $168.00

**Date(s):** 12 23 13

**Ticket(s)/Pass(es) provided by agency:** Yes □ No ☑

**LA Philharmonic**

**Name of Owner:**

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

**Yes ☑ No □**

**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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

### B. Name of Individual

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

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

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

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

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

### C. Name of Outside Organization

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

---

**Verification**

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

**Signature of Agency Head or Designee:**

Avianna Uribe

**Print Name:**

**Title:**

**Date:** (Month/Day/Year)

**Comment:**

---

FPPC Form 802 (4/12)

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** Concert at Disney Hall
   - **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 $** $99.00
   - **Date(s) of Event**

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Board of Supervisors Employee
     - **Number of Ticket(s)/Pass(es)** 2
     - **Describe the public purpose made pursuant to the agency’s policy** Per Ticket Policy 5.3 (k)

4. **Verification**
   - I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee** Avianna Uribe
   - **Print Name**
   - **Title**

---

**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 [x]
   Event Description: Concert at Disney Hall
   Face Value of Each Ticket/Pass $99.00
   Date(s) 12 31 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source
   If no: LA Philharmonic
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Gloria Molina</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x] Per Ticket Policy 5.3 (g)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Print Name
   Ticket Administrator
   Title
   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

   **Date Stamp**
   - California Form 802
   - Date: [Month, Day, Year]

   □ Amendment (Must provide explanation in Part 2)

   **Date of Original Filing**
   - (Month, Day, Year)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [X] No [□]
   - **Face Value of Each Ticket/Pass** $99.00
   - **Event Description** Concert at Disney Hall
   - **Date(s)**
     - [ ] 12
     - [ ] 31
     - [X] 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**
   - Board of Supervisors Employee
   - Number of Ticket(s)/Pass(es): 2
   - Describe the public purpose made pursuant to the agency’s policy:
     - Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - Last, First
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role [□] Other [□] Income [□]
   - If checking “Ceremonial Role” or “Other” describe below:
   - Ceremonial Role [□] Other [□] Income [□]
   - If checking “Ceremonial Role” or “Other” describe below:

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

4. **Verification**

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

   Signature of Agency Head or Designee: ____________________________
   Date: 02/12/13

   Signature of Print Name: ____________________________
   Title: ____________________________ (Month, Day, Year)

   Comment: ____________________________