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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description: Dodger Game
Face Value of Each Ticket/Pass: $36.00
Date(s) of Event: 03/28/14
Ticket(s)/Pass(es) provided by agency: Yes [ ] No [ ]
If no, Name of Sponsor: Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
If yes, Name of Supervisor: Gloria Molina

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

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

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

4. Verification
I have read and understand FPPC Regulations 18044.1 and 18045. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

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

1. Agency Name
Los Angeles County Board of Supervisors

Division, Department, or Region (If Applicable)

First District

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

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

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

Event Description Harmony Performance

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 $ 105.00

Date(s) 03 12 14

If no:

Music Center Performing Arts Center

Name of Source

If yes:

Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Inc. Func)</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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

Per Ticket Policy 5.3 (g)

<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>
</tbody>
</table>

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.

Avianna Uribe
Ticket Administrator

Signature of Agency Head or Designee
Print Name
Title

Comment:

Date: 04/01/14
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Concert at Disney Hall
   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 $168.00
   Date(s) 03 01 14
   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)
      Describe the public purpose made pursuant to the agency's policy
      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
      La Puente Women's Club 200 N. 1st St., La Puente, CA 91744 2 Per Ticket Policy 5.3 (i)
      Community organization.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Ticket Administrator
   Print Name
   Title
   Date: 01/01/14

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

1. Agency Name  
Los Angeles County Board of Supervisors  
First District  
Avianna Uribe, Ticket Administrator

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

Date Stamp:  
A Public Document  
California Form 802  
For Official Use Only

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>$168.00</td>
<td></td>
</tr>
<tr>
<td>Date(s)</td>
<td>03</td>
<td>02</td>
</tr>
<tr>
<td>Event Description</td>
<td>Concert at Disney Hall</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ]</td>
<td>No [x]</td>
</tr>
<tr>
<td>Name of Organization</td>
<td>LA Philharmonic</td>
<td></td>
</tr>
<tr>
<td>If yes:</td>
<td>Supervisor Gloria Molina</td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Recipients

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

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

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role [ ]  
Other [x]  
Income [ ] |
|----------------------------------|-----------------------------|---------------------------------------------------------------|
| Ruano, Araceli                   | 4                           | Per Ticket Policy 5.3 (h)  
Ceremonial Role [ ]  
Other [ ]  
Income [ ] |
|                                  |                             |                                                               |

<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>

4. Verification

I have read and understand FFPC 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  
Ticket Administrator: [Title]  
Date (Month, Day, Year): [9/14/14]

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)

First District

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

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

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

### A Public Document

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x] No [ ]</th>
</tr>
</thead>
</table>

**Event Description**
Concert at Disney Hall

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
<th>$99.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>03 04 14</th>
</tr>
</thead>
</table>

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

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

**3. Recipients**

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

**A.**

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

**B.**

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

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

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

**C.**

<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>Boyle Heights Community Youth Orchestra 1000 N. Alameda St., #240, LA 90012</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community youth music organization.</th>
</tr>
</thead>
</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
Ticket Administrator

Print Name

Title

Date (Month, Day, Year)

Comment:

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

A Public Document

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Concert at Disney Hall
   Face Value of Each Ticket/Pass: $168.00
   Date(s) 03 04 14
   Ticket(s)/Pass(es) provided by agency?: Yes ☐ No ☑
   If no: LA Philharmonic
   If yes: Supervisor Gloria Molina
   Name of Source: Supervisors 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>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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<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>Boyle Heights Community Youth Orchestra</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>1000 N. Alameda St., #240, LA 90012</td>
<td></td>
<td>Community youth music organization.</td>
</tr>
</tbody>
</table>

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

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

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - Avianna Uribe, Ticket Administrator
   - (213) 974-4111  Molina@lacs.org

2. **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): 03 08 14
   - LA Philharmonic
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑️
   - Was ticket distribution made at the behest of agency official? Yes ☑️ No ☐

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

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

   **B. Name of individual**
   - Number of Ticket(s)/Pass(es)
   - 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

   No To Dejes Advocacy Organization
   - 358 N. Eidal Ave., La Puente, CA 91744
   - 2
   - Per Ticket Policy 5.3 (i)

4. **Verification**
   - I have read and understand FPPC Regulations 16244.1 and 16242. 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]

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $99.00
Event Description Concert at Disney Hall
Provide Title/Explanation
Date(s) 03 09 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
Name of Source:
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

3. Recipients

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

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

Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
Highland Park Heritage Trust
Post Office Box 50894, LA, CA 90050 2 Per Ticket Policy 5.3 (i)
Non-profit preservation organization.

4. Verification

I have read and understand FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

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

1. Agency Name
   Los Angeles County Board of Supervisors
   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 ☑ No ☐
   Event Description: Concert at Disney Hall
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   Face Value of Each Ticket/Pass: $168.00
   Date(s): 03 09 14
   LA Philharmonic
   Name of Event: "Ceremony"
   Name of Venue: "Disney Hall"
   Name of Supervisor: Gloria Molina
   Official's Name (Last, First): Molina, Gloria
   Date of Original Filing: (Month, Day, Year)

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      1. Ceremonial Role ☐ Other ☐ Income ☐
      2. Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      __________________________________________________________

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

4. Verification
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Molina
   Title: Ticket Administrator
   Date: 04/19

Comment:

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Molina
Title: Ticket Administrator
Date: 04/19

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

**A Public Document**
- California Form 802
- For Official Use Only

**Date Stamp**
- 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): 03 11 14
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- If no:
  - LA Philharmonic
  - Name of Source: Supervisor Gloria Molina
- If yes:
  - Supervisor Gloria Molina
  - Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIPA-Search to Involve Filipino Americans</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>3200 W. Temple St., Los Angeles, CA 90026</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community organization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**
- I have read and understand FPPC Regulations 19244.1 and 19842. 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]
Month, Day, Year: [4/1/14]

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Concert at Disney Hall
   Face Value of Each Ticket/Pass $99.00
   Date(s) 03 11 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no:
   LA Philharmonic
   Name of Source
   If yes:
   Supervisor Gloria Molina
   Official’s Name (Last, First)

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

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

   **B. Name of Individual**
   (Last, Fmi)
   **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**
   SIPA: Search to Involve Pilipino Americans
   3200 W. Temple St., Los Angeles, CA 90026 ☐ 2 Per Ticket Policy 5.3 (i)
   Community organization.

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**
   Ticket Administrator
   (Month, Day, Year)

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

#### 1. Agency Name

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

#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑️ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>168.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description Provide Title/Explanation</td>
<td>Concert at Disney Hall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☑️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Recipients

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

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

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

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

#### 4. Verification

I have read and understand FPPC Regulations 18644.1 and 18642. 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Concert at Disney Hall
Face Value of Each Ticket/Pass $99.00
Date(s) 03 15 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no:
Name of Source
LA Philharmonic
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes:
Name of Source Supervisor Gloria Molina
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
--- | --- | ---
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 ☐
--- | --- | ---
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 19541 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.
Signature of Agency Head or Designee
Avianna Uribe
Print Name
Ticket Administrator
Title (Month, Day, Year)

Comment:

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

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

2. 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) 03 18 14
   Ticket(s)/Pass(es) provided by agency? Yes No
   If yes: LA Philharmonic
   If no: Supervisor Gloria Molina
   Was ticket distribution made at the behest of agency official? Yes No
   If yes: Avianna Uribe, Ticket Administrator

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pomona Neighborhood Watch 1160 Val Vista St., Pomona, CA 91768</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Neighborhood Watch Group.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19944 and 19945. 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
- 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

### 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)
  - 03 18 14
- Ticket(s)/Pass(es) provided by agency?
  - Yes [ ] No [X]
- If no:
  - LA Philharmonic
- Name of Source
  - Supervisor Gloria Molina
- Was ticket distribution made at the behest of agency official?
  - No [ ] Yes [X]
- If yes:
  - Supervisor Gloria Molina
  - Official's Name (Last, First)

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

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 (E.g., Name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

### 4. Verification
- I have read and understand FPPC Regulations 19344 4 and 19345. 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
- (Month, Day, Year)
  - 2/11/14
- Comment:
  - 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 868/ASK-FPPC (868/276-7772)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

First District

Avianna Uribe, Ticket Administrator

(213) 974-4111 Molina@lacbos.org

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

## 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [X] No</th>
</tr>
</thead>
</table>

Face Value of Each Ticket/Pass $168.00

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Concert at Disney Hall</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>03 19 14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes [X] No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If no:</th>
<th>LA Philharmonic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was ticket distribution made at the behest of agency official?</th>
<th>Yes [X] No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes:</th>
<th>Supervisor Gloria Molina</th>
</tr>
</thead>
</table>

## 3. Recipients

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

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

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

### B. Name of Individual

| (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
|---------------|-------------------------------|--------------------------------|---|

- Ceremonial Role [ ]
- Other [ ]

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

### C. Name of Outside Organization

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

- Rio Hondo Boys & Girls Club
  7104 Perry Road, Bell Gardens, CA 90201 2 Per Ticket Policy 5.3 (i)

- Youth Organization

## 4. Verification

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

Avianna Uribe

Ticket Administrator

Signature of Agency Head or Designee Date

Print Name Title

Comment:

FPPC Form 802 (4/12)

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

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

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

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

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Event Description</td>
<td>Concert at Disney Hall</td>
<td></td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>$168.00</td>
<td></td>
</tr>
<tr>
<td>Date(s)</td>
<td>03  19  14</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(ees) provided by agency?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If no: LA Philharmonic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: Supervisor Gloria Molina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.**

<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>
</table>

**B.**

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

**C.**

<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>East Los Angeles Boys &amp; Girls Club 324 N. McDonnell Ave., LA, CA 90022</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Youth Organization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

I have read and understand FPPC Regulations 19844.1 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** | **Title** |
--- | --- | --- |
Avianna Uribe | Ticket Administrator |

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

4/1/14

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

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

Date Stamp: California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $168.00
Date(s) 03 20 14
Event Description Concert at Disney Hall
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

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

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

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Passes(s) Describe the public purpose made pursuant to the agency's policy
Resurrection Church Neighborhood Watch 1141 Marietta Street, Los Angeles, CA 90023 2 Per Ticket Policy 5.3 (i)
Neighborhood Watch Group.

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: Ticket Administrator
Title:
Date: 4/11/14
Month, Day, Year

Comment:
## 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
- **Face Value of Each Ticket/Pass:** $168.00
- **Date(s):** 03 [3] 20 [20] 14 [14]
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

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

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

### 4. Verification
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:** Ticket Administrator
- **Title:**
- **Date:** 04/14

---

**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 of Original Filing: ___/___/___

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Event Description
   Concert at Disney Hall
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   LA Philharmonic
   Name of Source
   If no:
   If yes:
   Supervisor Gloria Molina
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $168.00
   Date(s)
   03 21 14

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

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

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Boyle Heights Stakeholders
      3122 East 3rd St., Los Angeles, CA 90063
      2 Per Ticket Policy 5.3 (i)
      Community Organization

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Print Name
   Ticket Administrator
   Title
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
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 ☐
Face Value of Each Ticket/Pass $168.00
Event Description Concert at Disney Hall
Date(s) 03 21 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
Name of Source:
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

<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 (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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<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>Franklin High School PTA 4825 San Marcos Place, LA, CA 90042</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
</tbody>
</table>

Parent Teacher Association

4. Verification
I have read and understand FPPC Regulations 19644.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Avianna Uribe Print Name Ticket Administrator Title
4/1/14 (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes[ ] No[ ]
Face Value of Each Ticket/Pass $99.00
Date(s) 03 22 14
Event Description Concert at Disney Hall
Event Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
If no: LA Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual (Last, First)

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

C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Chinatown Firecracker Run Committee 1280 S. Garfield Ave., Monterey Park, CA 91754 2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Community Organization</td>
<td></td>
</tr>
</tbody>
</table>

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: Ticket Administrator
Title: (Month, Day, Year)

Comment: 

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Event Description: Concert at Disney Hall
   - Face Value of Each Ticket/Pass: $168.00
   - Date(s): 03/22/14
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Was ticket distribution made at the behest of agency official? **Yes**

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

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

   **B. Name of Individual**
   - Lopez, Patty
   - Number of Ticket(s)/Pass(es): 2
   - Identify one of the following:
     - Ceremonial Role
     - Other
   - Per Ticket Policy 5.3 (h)
     - Income

   **C. Name of Outside Organization**
   - Describe the purpose made pursuant to the agency's policy

4. **Verification**
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Avianna Uribe
   - Title: Ticket Administrator
   - Date (Month, Day, Year): 04/14/14

Comment: 

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No □
- **Face Value of Each Ticket/Pass**
  - $99.00
- **Date(s)**
  - 03 24 14
- **Event Description**
  - Concert at Disney Hall
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No ☑
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No □

### 3. Recipients
- **Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency’s policy**
- **Name of Individual** (Last, First)
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐ Income ☐
  - Ceremonial Role ☐ Other ☐ Income ☐
- **Name of Outside Organization** (Include address and description)
  - La Puente Women's Club
  - 200 N. 1st Street, La Puente, CA 91744
  - **Number of Ticket(s)/Pass(es)**
  - 2
  - **Per Ticket Policy 5.3 (i)**

### 4. Verification
- **Signature of Agency Head or Designee**
- **Date**
  - 4/11/14
- **Ticket Administrator**
- **Comment:**
- **FPPC Form 802 (4/12)**
- **FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   Los Angeles County Board of Supervisors

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

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

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

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

   **Event Description** Concert at Disney Hall

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

   **Date(s)** 03 24 14

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

   **If no:** LA Philharmonic
   **Name of Source** Supervisor Gloria Molina

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

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

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

   

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

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

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

   La Puente Women's Club
   200 N. 1st Street, La Puente, CA 91744
   2
   Per Ticket Policy 5.3 (i)

   Community Organization

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above is in accordance with the requirements.

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

   **Print Name**
   Ticket Administrator

   **Title**
   (Muni[4], Day Year)

   **Comment:**

   FPPC Form 802 (4/12)

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

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

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) 03 25 14
Event Description
Concert at Disney Hall
Ticket(s)/Pass(es) provided by agency?
Yes X No
If no:
LA Philharmonic
Name of Source
If yes:
Supervisor Gloria Molina
Name of Source
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<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>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 19541.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $599.00
Event Description Concert at Disney Hall
Provide Title/Explanation
Date(s) 03 26 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA Philharmonic
Name of Source
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

  If checking “Ceremonial Role” or “Other” describe below:

  Ceremonial Role ☐ Other ☐ Income ☐

  If checking “Ceremonial Role” or “Other” describe below:

<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>
</table>

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

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

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [x]
   - Face Value of Each Ticket/Pass: $168.00
   - Event Description: Concert at Disney Hall
   - Date(s): 03 26 14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: LA Philharmonic
   - Name of Source: Supervisor Gloria Molina
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

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

   **A. Name of Agency, Department or Unit**
   - 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**
   - 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 1842. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Print Name: Ticket Administrator
   - Title: (Month, Day, Year)
   - Comment:

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number E-mail
   (213) 974-4111 Molina@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)
   03 28 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no:
   LA Philharmonic
   Name of Source
   If yes:
   Supervisor Gloria Molina
   Official's Name (Last, First)

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

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

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

   - Ceremonial Role
   - Other
   - Income
   - 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

   Project Neo Community Volunteer
   1022 E. Garvey Ave., Monterey Park, CA 91753
   2 Per Ticket 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 1942. 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) 4/1/14

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

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $168.00
Event Description Concert at Disney Hall
Provide Title/Explanation
Date(s)
03 29 14
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no:
LA Philharmonic
Name of Source
If yes:
Supervisor Gloria Molina
Official's Name (Last, First)

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

<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>
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<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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐️ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐️ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐️ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐️ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐️ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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>Montecito Heights Improvements Assoc. 1004 Montecito Dr., Los Angeles, CA 90031</td>
<td>2 Per Ticket 5.3 (i)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Organization</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 18444, 1 and 19432. 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
(14/11/14)

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:

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

#### 1. Agency Name

Los Angeles County Board of Supervisors

**Division, Department, or Region (if applicable):**

First District

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

Avianna Uribe, Ticket Administrator

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

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

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Concert at Disney Hall

**Provide Title/Explanation**

- **Face Value of Each Ticket/Pass:** $99.00
- **Date(s):** 03 30 14

**If no:** LA Philharmonic

**Name of Source:** Supervisor Gloria Molina

**Official’s Name (Last, First):**

#### 3. Recipients

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

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

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

**B. Name of Individual**

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

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elysian Park Senior Center</td>
<td>Per Ticket $5.3 (i)</td>
</tr>
<tr>
<td>1811 Ripple St., Los Angeles</td>
<td></td>
</tr>
<tr>
<td>CA 90039</td>
<td></td>
</tr>
<tr>
<td>Community Senior Center</td>
<td></td>
</tr>
</tbody>
</table>

**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:** 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

**First District**

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

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

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

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes ☑ No
- **Event Description** Concert at Disney Hall
- **Face Value of Each Ticket/Pass** $168.00
- **Date(s)** 03 30 14
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No
- **If no, Source** LA Philharmonic
- **Name of Source** Gloria Molina

**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.*

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☑ Income ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elysian Park Senior Center</td>
<td>2</td>
<td>Per Ticket 5.3 (i)</td>
</tr>
<tr>
<td>Community Senior Center</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Avianna Uribe

Print Name: Ticket Administrator

Title: (Month, Day, Year)

Comment: [Signature]

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)