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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass $36.00
   - Date(s): 04/04/14
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   - Name of Source: Los Angeles Dodgers
   - Official's Name (Last, First): Supervisor Gloria Molina

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

   **A. Name of Agency, Department or Unit**
   - Number of Ticket(s)/Pass(es): 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 [x]
     - Ceremonial Role [ ] Other [ ] Income [x]

   **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 193444 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: Ticket Administrator
   - Title: 
   - Date: 05/11/14

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass: $36.00
   Date(s): 04 10 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Source: Supervisor Gloria Molina
   If yes: Supervisors Name of Source (Last, First)
   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
      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 18344.1 and 18342. 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: 5/14
   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

**2. Function or Event Information**

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

Event Description  
**Dodger Game**

Provide Title/Explanation

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

If no:  
Los Angeles Dodgers

Name of Source

If yes:  
Supervisor Gloria Molina

Official's Name (Last, First)

Face Value of Each Ticket/Pass $  
$36.00

Date(s)  
04 06 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.

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

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

Print Name

Title

(Month, Day, Year)

5/1/14

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**
(213) 974-4111

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

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Function or Event Information**

| Does the agency have a ticket policy? | Yes [x] No [ ] | Face Value of Each Ticket/Pass ($) | $36.00 |
| Event Description | Dodger Game |
| Provide Title/Explanation | |
| Ticket(s)/Pass(es) provided by agency? | Yes [x] No [ ] |
| If no: | Los Angeles Dodgers |
| If yes: | Supervisor Gloria Molina |

**3. Recipients**

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

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

| 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**

| 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**

| 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 19344.4 and 19349. 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**

**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 X No
Event Description Dodger Game
Provide Title/Explanation
Face Value of Each Ticket/Pass $36.00
Date(s) 04 09 14
Ticket(s)/Pass(es) provided by agency? Yes No X
If no:
Los Angeles Dodgers
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>Moretta, John</td>
<td>2</td>
<td>Ceremonial Role Other Income</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Per Ticket Policy 5.3 (h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role Other Income</td>
</tr>
</tbody>
</table>

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>
<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 19942. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (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: (213) 974-4111
   E-mail: Molina@laqcbs.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass: $36.00
   Date(s) of Distribution: 04 18 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Name of Source:
   Los Angeles Dodgers
   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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Name of individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [X] Other [ ] Income [ ]
      Per Ticket Policy 5.3 (h)

   C. Name of Outside Organization
      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]: 5/1/14

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 | Email
------------------------|----------
(213) 974-4111 | Molina@lacity.org

**Date Stamp**

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 7)

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

**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): 04/19/14

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

If no: Los Angeles Dodgers

Name of Team: "Los Angeles Dodgers"

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

**3. Recipients**

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Ceremonial Role  ☑ Other  ☐ Income  ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santana, Miguel</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role  ☑ Other  ☐ Income  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

**4. Verification**

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

Signature of Agency Head or Designee: Avianna Uribe

Print Name: Ticket Administrator

Title: (Month, Day, Year)

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number  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: $36.00
   Event Description: Dodger Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Date(s): 14 20 04
   Los Angeles Dodgers
   If no: Name of Event
   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
      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 19844, 1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.
   Avianna Uribe [Signature of Agency Head or Designee]
   Ticket Administrator [Print Name]
   (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass: $36.00
   Date(s): 04 21 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   If yes: Supervisor Gloria Molina
   Name of Sponsor
   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 [X]
   If checking “Ceremonial Role” or “Other” describe below:
   Per Ticket Policy 5.3 (h)

   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 18944.1 and 18944.9. 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) 01/01

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 ☐
Event Description Dodger Game
Face Value of Each Ticket/Pass $36.00
Date(s) 04 22 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Dodgers
If yes: Supervisor Gloria Molina

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

Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title
(Month, Day, Year) 5/1/14

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass: $36.00
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   - Date(s): 04 23 14
   - Name of Source:
     - Los Angeles Dodgers
   - Name of Source:
     - 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**
   - LA County Parks & Recreation 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 [X]
       - 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 18441 and 18442. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: [Print Name]
   - Title: [Title]
   - (Month/Day/Year): [5/11/14]

Comment: [Comment]

<table>
<thead>
<tr>
<th>FPPC Form 802 (4/12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)</td>
</tr>
</tbody>
</table>
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@iacbos.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [X] No
   Event Description
   Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s) 04 24 14
   Ticket(s)/Pass(es) provided by agency? Yes No [X]
   If no: Los Angeles Dodgers
   If yes: Supervisors 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.

   **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 (E.g., Freq)**
<table>
<thead>
<tr>
<th>Name of Individual (E.g., Freq)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Name of Outside Organization   (Include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------</td>
</tr>
</tbody>
</table>

4. **Verification**
   I have read and understand FPPC Regulations 19644.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

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

   Comment:
**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: 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): 04/25/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   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 ☐
   Per Ticket Policy 5.3 (h)
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   (Provide Title/Explanation)

   **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 18644 and 18842. 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 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]

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

Face Value of Each Ticket/Pass: $36.00

Event Description: Dodger Game

Date(s): 04 26 14

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

If no: Los Angeles Dodgers

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 [ ] Income [ ]

Mullenax, Nancy 2

Ceremonial Role [ ] Other [ ] 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:

4. Verification

I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe

Print Name: Ticket Administrator

Title: [Month, Day, Year]

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

1. Agency Name
Los Angeles County Board of Supervisors

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

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

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

Date Stamp

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

Event Description
Dodger Game

Provide Title/Explanation

Face Value of Each Ticket/Pass $36.00

Date(s)
04 27 14

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

If no: Los Angeles Dodgers

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

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

<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>LA County Parks &amp; Recreation 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>

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

| | | Ceremonial Role Other Income |
| | | Ceremonial Role Other Income |

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

<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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Print Name
Ticket Administrator

Title

Date (Mo, Day, Yr)
5/1/14

Comment:

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