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
A Public Document
California Form 802
For Official Use Only

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
Date(s) 05 03 14
Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
If no: LA Philharmonic
Name of Sponsor
Was ticket distribution made at the behest of agency official? Yes[ ] No[ ]
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit 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:
Per Ticket Policy 5.3 (h)
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 19042. I have verified that the distribution set forth above, is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title
Date (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

**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

**Face Value of Each Ticket/Pass**

$99.00

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>05/04/14</th>
</tr>
</thead>
</table>

**Event Description**

Concert at Disney Hall

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

Yes [x]  No [ ]

**Name of Source**

LA Philharmonic

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

No [ ]  Yes [x]

**Official's Name (Last, First)**

Supervisor Gloria Molina

## 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>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last / First)

<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>Garcia, Yolanda</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
</tbody>
</table>

**Income [ ]**

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

- Per Ticket Policy 5.3 (h)

**Income [ ]**

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

### C. Name of Outside Organization (include address and description)

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

## 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)

Comment:

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

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

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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description** Concert at Disney Hall
- **Face Value of Each Ticket/Pass** $168.00
- **Date(s)** 05 04 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**
  - **Name of Individual** Garcia, Yolanda
  - **Number of Ticket(s)/Pass(es)** 2
  - **Ceremonial Role** [ ] Other [x]
  - **Income** [ ]
  - **Identify one of the following:**
    - **Per Ticket Policy 5.3 (h)**
    - **Ceremonial Role** [ ] Other [ ]
    - **Income** [ ]

- **C. Name of Outside Organization**
  - **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 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) 02/14

**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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description**
     - Concert at Disney Hall
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
   - **Face Value of Each Ticket/Pass** $ 99.00
   - **Date(s)** 05 06 14
   - **LA Philharmonic**
   - **Supervisor Gloria Molina**

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

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

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role [ ] Other [x]
   - Income [ ]
   - Per Ticket Policy 5.3 (h)
   - 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 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)** 02/16

   **Comment:**

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

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

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

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

**Area Code/Phone Number 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)**: 05/06/14
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑️ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☑️ Yes ☑️

**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**
  - **Name of Individual** (Last, First)
  - **Number of Ticket(s)/Pass(es)**: Petchar, Ester & Perry 2
  - **Identify one of the following**: Per Ticket Policy 5.3 (h)
    - **Ceremonial Role** ☑️ Other ☐ Income ☐

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

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

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

**Comment**:

---

**FPPC Form 802 (4/12)**
**FPPC Toll-Free Helpline**: 866/ASK-FPPC (866/276-7772)
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 $99.00
   Event Description: Concert at Disney Hall
     Provide Title/Explanation
   Date(s): 05/09/14
   Ticket(s)/Pass(es) provided by agency? Yes  ☑ No  □
   If no: LA Philharmonic
   Name of Source:
   Was ticket distribution made at the behest of agency official? Yes  ☑ No  □
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

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

<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>
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<tr>
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<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: Per Ticket Policy 5.3 (h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro, Connie</td>
<td>2</td>
<td>Ceremonial Role ☑ Other  □ Income ☑ Other  □ Per Income ☑ Other  □</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 ☑ Other  □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19345. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

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

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

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

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

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

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

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No 
   - **Face Value of Each Ticket/Pass** $99.00
   - **Date(s)**
     - 05 11 14
   - **Event Description**
     - Concert at Disney Hall

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

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

   **Provide Title/Explanation**
   - LA Philharmonic
   - Name of Source
   - Supervisor Gloria Molina

   **Official’s Name (Last, First)**

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

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

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

   **Describe the public purpose made pursuant to the agency’s policy**
   - 
   - 

   **B. Name of Individual**
   - De La Torre, Angelica

   **Number of Ticket(s)/Pass(es)**
   - 2

   **Identify one of the following:**
   - Ceremonial Role
   - Other [x]
   - Per Ticket Policy 5.3 (h)

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

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

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

   **Describe the public purpose made pursuant to the agency’s policy**
   - 

4. **Verification**
   - I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   - Avianna Uribe
   - Ticket Administrator

   **Print Name**
   - 

   **Title**
   - 

   **Date**
   - 6/2/14

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

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description
Concert at Disney Hall
Face Value of Each Ticket/Pass $ 99.00
Date(s) 05 15 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, 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 □

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

4. Verification
I have read and understand FPPC Regulations 19441 and 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
   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 $ 168.00
   Event Description Concert at Disney Hall
   Provide Title/Explanation
   Date(s) 05 16 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   If yes: Supervisors Gloria Molina
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      Per Ticket Policy 5.3 (h)
      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 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee  Print Name  Title
   Avianna Uribe  Ticket Administrator
   (Month, Day, Year) 6/2/14

Comment:  

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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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 1)
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) 05 30 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.

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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role □ Other □ Income □ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark, Linda</td>
<td>2</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>
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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: (Month, Day, Year)

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

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

Date Stamp
California Form 802
For Official Use Only
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 $99.00
Event Description: Concert at Disney Hall
Date(s) 05 31 14
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: LA Philharmonic
Name of Source:
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

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

B. Name of Individual
(Complete Name)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy
Ceremonial Role [x] Other [ ]
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:

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

4. Verification
I have read and understand FPPC Regulations 19441 and 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 (866/276-7772)
**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

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

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

4. **Amendment (Must provide explanation in Part 1)**
   - Date of Original Filing: (Month, Day, Year)

5. **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): 05 31 14
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - If no: LA Philharmonic
   - Name of Source: Supervisor Gloria Molina
   - If yes: Supervisor Gloria Molina
   - Official's Name (Last, First)

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

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

   **B. Name of Individual (Last, First)**
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role [ ] Other [x] Income [ ]
   - Per Ticket Policy 5.3 (h)

   **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

7. **Verification**
   - I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Title: Ticket Administrator
   - Date: 6/12/14

8. **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
   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: $36.00
   Event Description: Dodger Game
   Date(s): 05/08/14
   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**
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☑ Income ☐
   if checking "Ceremonial Role" or "Other" describe below:
   Recendez, Irene
   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 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)
   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@lacsos.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
**Face Value of Each Ticket/Pass:** $36.00
**Date(s):** 05 09 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.

<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>Faustinos, Belinda</td>
<td>2</td>
<td>Other ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 4. Verification

I have read and understand FPPC Regulations 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: 02/14

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

2. 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 2)

Date of Original Filing:

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)

05 10 14

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

Name of Source
Los Angeles Dodgers

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 (Last, First)
Robinson, Claire

Number of Ticket(s)/Pass(es)
2

Identify one of the following:

Ceremonial Role ☐ Other ☑

If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)

Identify one of the following:

Ceremonial Role ☐ Other ☐

Income ☐

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

C. Name of Outside Organization

(Number 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

Print Title (Month, Day, Year)
6/2/14

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes
- **Event Description:** Dodger Game
- **Face Value of Each Ticket/Pass:** $36.00
- **Date(s):** 05/11/14
- **Ticket(s)/Pass(es) provided by agency?** Yes
- **Was ticket distribution made at the behest of agency official?** Yes
- **Name of Source:** Los Angeles Dodgers
- **Name of Recipient:** Supervisor Gloria Molina

#### 3. Recipients

<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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
<td>Other</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 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: [Signature]

Print Name: Avianna Uribe

Title: Ticket Administrator

Date (Month, Day, Year): 02/14

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes [x]  No [ ]  
Face Value of Each Ticket/Pass $36.00  
Date(s) 05 12 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>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 (Last, First)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role [ ]  Other [ ]  Income [ ]  
If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification  
I have read and understand FPPC Regulations 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)

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  Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s) 05 13 14

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

Was ticket distribution made at the behest of agency official?  No ☐ 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 public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</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  (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</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

Avianna Uribe  Ticket Administrator

Date 01/21/12

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**
   - **Face Value of Each Ticket/Pass:** $36.00
   - **Date(s):** 05 14 14
   - **Ticket(s)/Pass(es) provided by agency:** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

3. **Recipients**
   - **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)

4. **Verification**
   - **Signature of Agency Head or Designee:** Avianna Uribe
   - **Date:** 6/2/14
   - **Print Name:** Ticket Administrator
   - **Title:**
   - **Comment:**
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Los Angeles County Board of Supervisors

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

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

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

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

Event Description
Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s) 05 26 14

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

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

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

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

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Ticket Administrator
Title: (Month, Day, Year) 6/14/14

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Los Angeles County Board of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>First District</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Avianna Uribe, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(213) 974-4111</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
</tr>
<tr>
<td>Date Stamp</td>
<td>California Form 802</td>
</tr>
<tr>
<td>Date of Original Filing</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>Amendment (Must provide explanation in Part 3)</td>
<td></td>
</tr>
</tbody>
</table>

**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) | 05-27-14 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☑ |
| 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**

<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</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>

**C. Name of Outside Organization**

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

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
   Dodger Game
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $36.00
   Date(s)  05  28  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.

   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 18441 and 18442. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Print Name
   Ticket Administrator
   Title
   (Month, Day, Year)

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@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes X [ ] No
   Event Description: [ ] Photo Shoot
   Face Value of Each Ticket/Pass: [ ] $36.00
   Date(s): 05 29 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.

<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>C. Name of Outside Organization</td>
<td>(include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</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: [ ]
   Print Name: Avianna Uribe
   Title: Ticket Administrator
   Date: 06/12/14

   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 1)

#### 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)**
05/30/14

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

If no:

Name of Source
Los Angeles Dodgers

If yes:

**Official’s Name (Last, First)**
Supervisor Gloria Molina

### 3. Recipients

**A. Name of Agency, Department or Unit**
Board of Supervisors Employee

**Number of Ticket(s)/Pass(es)**
2

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

**B. Name of Individual (Last, First)**

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

**Identify one of the following:**

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

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

**C. Name of Outside Organization**

(Include address and description)

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

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

### 4. Verification
I have read and understand FPPC Regulations 18244.1 and 18242. 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)
6/2/14

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 ☐

Event Description
Dodger Game

Face Value of Each Ticket/Pass $ 36.00

Date(s)
05-31-14

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

if no:
Los Angeles Dodgers

Name of Source

was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

Name of Agency
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 ☐

Other description:

Ceremonial Role ☐ Other ☐ Income ☐

Other description:

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 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)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)