Ceremonial	Role	Events	and	Ticket/Pass	Distributions

					A I ablic bocullell
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisor	A STATE OF THE STA			TOIM OO
	Division, Department, or Region (If Applicate	ole)]	For Official Use Only
	First District				
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(213) 974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
	Event Description Dodger Game		Date(s) 06	,01 ,14	
	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Los Ar	ngeles Dodgers	
	18 (- 4 intent distribution mando at the best - it	Name of Sou ervisor Gloria Molina	rce		
	Was ticket distribution made at the behest of agency official?	Official's Name (Li	ast Firef)		
2				- Word of tario [E	uot, 1 110ty
ა.	Recipients • Use Section A to identify the agency's department of	r unit. • Use Se	ction B to identify an individu	Ial. • Use Section C to identi	fir an outside ergeni-etter
	A. Name of Agency, Department or Unit	Number of	1 P. C.	And the second s	V Company Comp
	A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuant t	o 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 followin	g:
		r ass(es)	Ceremonial Role If checking "Ceremoni	Other I	Income 🔲
			Ceremonial Role If checking "Ceremoni	Other Careful Other of the control o	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
4.			<u> </u>		
	I have read and understand FPPC Regulations 18944.1 ar				the requirements,
		nna Uribe	Ticke	et Administrator	6/30/14
	Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)
	Comment				
	Comment:				

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

1.	Agency Name			Date Stamp	California 000		
	Los Angeles County Board of Supervisors				Form OUZ		
	Division, Department, or Region (If Applicable)			For Official Use Only		
	First District						
	Designated Agency Contact (Name, Title)						
	Avianna Uribe, Ticket Administrator	nna Uribe, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information				7		
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	5.00		
	Event Description Dodger Game	70	Date(s) 06	03 14			
	Provide Title/Expla	nation					
	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Ar	ngeles Dodgers			
	Was ticket distribution made at the behest	No□ Yes	✓ If yes: Supe	Name of Sour rvisor Gloria Molina	rce		
	of agency official?	Official's Name (La	ast First)				
2	Recipients	WHITE THE SAME OF		120			
J.	Use Section A to identify the agency's department or use.	mit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	ù an outside organization		
	A. Name of Agency, Department or Unit	Number of	a strongly conservation and analysis	lic purpose made pursuant to	A state of the sta		
		Ticket(s)/ Pass(es)	Describe the publ	ne purpose made pursuant to	o trie agency's policy		
	Board of Supervisors Employee	2	Per Ticket Policy 5.3	3 (k)			
			Ter riekeer oney 3.5				
	R Name of Individual	Number of					
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	g:		
			Ceremonial Role	Other	Income 🗖		
			If checking "Ceremonia	al Role" or "Other" describe below:			
			Ceremonial Role	Other	Income \(\square\)		
			If checking "Ceremonia	al Role" or "Other" describe below:	ilicollie [
		Number of					
	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy		
		, 400(00)					
Α	Verification						
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	he requirements		
		na Uribe		t Administrator	1/2 /2n/11		
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)		
				0-11.000	(monus, ody, rear)		
	Comment:		The same of the sa				

Ceremo	nial	Role	Events	and	Ticket/Pass	Distributions	
4 A	- NI-		-				pioteo.

1.	Agency Name			Date Stamp	California Q02
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable,		For Official Use Only		
	First District				
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			5-2	
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$.00
	Event Description Dodger Game		Date(s) 06	,04 ,14	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Ar	ngeles Dodgers Name of Soun	
	Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina	a c
	of agency official?	No Yes	If yes: Supe	Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or use.	nit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
		1 433(63)			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following):
			Ceremonial Role	Other X	Income
	Echeverria, Javier	2	If checking "Ceremonia	al Role" or "Other" describe below:	
		*	Per Ticket Policy 5.3	(h)	
		*************	Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
Į		Number of			
	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		r ass(es).		ale terror, la terresta la fill	
	<u> </u>	<u> </u>			
1	Verification		J		
	VERTICATION I have read and oncerstand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above is in accordance with t	he requirements
		na Uribe		t Administrator	6/30/14
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
		- war			(mondi, Day, Teal)
	Comment:				

3					
Ceremonial	Role	Events	and Tic	ket/Pass	Distributions

1.	Agency Name			Date Stamp	California 202
	Los Angeles County Board of Supervisors			Form OUZ	Form OUZ
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	First District				
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator	ax d		-	
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			36	5.00
	Does the agency have a ticket policy?	Yes≚ No		f Each Ticket/Pass \$	5.00
	Event Description Dodger Game		Date(s) 06	, 13 , 14	
	Provide Title/Exp	lanation		ngeles Dodgers	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce
	Was ticket distribution made at the behest	No□ Yes	✓ If yes: Supe	rvisor Gloria Molina	
	of agency official?	110= 100	il yes.	Official's Name (La	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
		Pass(es)			
		#			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other X	Income
	Guerrero, Genny	2	If checking "Ceremonial Role" or "Other" describe below:		
			Per Ticket Policy 5.3	(h)	
		=	Ceremonial Role	Other _	Income \(\square\)
			If checking "Ceremoni	al Role" or "Other" describe below:	
		Number of .			
	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)		lic purpose made pursuant to	the agency's policy
1		1			
1.	Verification	ــــــــــــــــــــــــــــــــــــــ	J		
	l have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	Avian	ına Uribe	Ticke	et Administrator	6/30/10
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
	Comment			-	
	Comment:				

	_	•							
C	erem	onial	Role	Events	and T	icket/P	ass Di	stribu	tions

1.	Agency Name	Date Stamp California O 0 2			
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable		For Official Use Only		
	First District				
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator			<u> </u>	
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			26	5.00
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	5.00
	Event Description Dodger Game		Date(s) 06	,14 ,14	
	Provide Title/Expla	anation		ngeles Dodgers	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AT	Name of Sour	Tra .
	Was ticket distribution made at the behest	No□ Yes	✓ If yes: Supe	rvisor Gloria Molina	
	of agency official?	1100 103	il yes.	Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
	Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)		
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role If checking "Ceremonia	Other All Role" or "Other" describe below:	Income 🔲
			Ceremonial Role	Other Day Other Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
	+				
4.	Verification		<u> </u>		
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with t	he requirements.
	Signature of Agency Head or Designee	na Uribe Print Name		t Administrator	(Month, Da), Year)
	Comment:				

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name			Date Stamp	California Ong
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable))			For Official Use Only
	First District				
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			36	.00
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$.00
	Event Description Dodger Game		Date(s) 06	,15 ,14	/ /
	Provide Title/Expla	nation		andar Dadaara	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Al	ngeles Dodgers Name of Sour	Ge
	Was ticket distribution made at the behest of agency official?	No□ Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic 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	3:
			Ceremonial Role If checking "Ceremonia	Other And Role" or "Other" describe below:	Income 🔲
			Ceremonial Role	Other	Income 🔲
			If checking "Ceremonia	al Role" or "Other" describe below:	
Į.	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
-	<u>+</u>				
	Verification		/		
i	have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	rth above, is in accordance with t	he requirements.
		ia Uribe		t Administrator	6/30/14
	Signature of Agency Head or Designee	Print Nam	e e	Title	(Month, Day, Year)
	Comment:				

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Ceremonial	Role Ev	ents and	Ticket/Pass	Distributions

1.	Agency Name			Date Stamp	California Ong
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable,)			For Official Use Only
	First District				
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
1	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$.00
	Event Description Dodger Game		Date(s) 06	,16 ,14	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Ar	ngeles Dodgers	
	Was ticket distribution made at the behest	🗖	Supe	Name of Soun rvisor Gloria Molina	ce
	of agency official?	No Yes	If yes: Supe	Official's Name (La	st, First)
3.	Recipients				
•	Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
	County of Los Angeles Employee	2	Per Ticket Policy 5.3 (k)		
		Number of			
	B. Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the following	J
			Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
i					
- 1					
4.	Verification		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	have read and understand FPPC Regulations 18944.1 and				he requirements.
	Signature of Agency Head or Designee	na Uribe Print Nam		t Administrator	(Month, Day, Year)
	Comment:				

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

1. Agency Name			Date Stamp	California Ong			
Los Angeles County Board of Supervisors			Date Otamp	Form 802			
Division, Department, or Region (If Applicable)			For Official Use Only			
First District							
Designated Agency Contact (Name, Title)							
Avianna Uribe, Ticket Administrator							
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)			
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information							
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ 36	6.00			
Event Description Dodger Game		Date(s) 06	,17 ,14				
Provide Title/Expl							
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AF	ngeles Dodgers Name of Sou	I/CO			
Was ticket distribution made at the behest	rvisor Gloria Molina	irce					
of agency official?							
Recipients							
Use Section A to identify the agency's department or	7	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy			
	Pass(es)						
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:					
		Ceremonial Role	Other 🗵	Income			
Martinez, Evelyn	2	If checking "Ceremon	ial Role" or "Other" describe below:				
		Per Ticket Policy 5.3	(h)				
		Ceremonial Role	Other	Income			
		If checking "Ceremoni	al Role" or "Other" describe below:				
C Name of Outside Organization	Number of .		en, ma abashari qira qira qiratiga eta	4			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
		1.8					
4. Verification		<u>J</u>					
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.			
	na Uribe	Ticke	et Administrator	6/30/14			
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)			
Comment:							

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Cerem	ionial	Role	Events	and	Ticket/P	ass L)istribi	utions	8

1.	Agency Name			Date Stamp	California Q02		
	Los Angeles County Board of Supervisors				Form OUZ		
	Division, Department, or Region (If Applicable))			For Official Use Only		
	First District			,			
	Designated Agency Contact (Name, Title)						
	Avianna Uribe, Ticket Administrator			<u> </u>	1		
	Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)				
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information	36	.00				
	Does the agency have a ticket policy?	Yes⊠ No		f Each Ticket/Pass \$.00		
	Event Description Dodger Game		Date(s) 06	, 18 , 14			
	Provide Title/Expla	anation		ngeles Dodgers			
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AT	Name of Sour	ce		
	Was ticket distribution made at the behest of agency official?	rvisor Gloria Molina Official's Name (La	st, First)				
3.	Recipients • Use Section A to identify the agency's department or u	ınit. • Use Sec	ction B to identify an Individu	al. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the state of the s	lic purpose made pursuant to	Variation of the Control of the Cont		
	Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonia	Identify one of the following Other Other follow:	J:		
I			Ceremonial Role If checking "Ceremonia	Other all Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy		
	+		·				
	Verification I have read and understand FPPC Regulations 18944.1 and Aviann Signature of Agency Head or Designee	18942. I have ve na Uribe Print Nam	Ticke	rth above, is in accordance with to t Administrator Tille	the requirements. , (Month, Day, Year)		
	Comment:						

C	eremonial	Rola	Evente	and	Ticket/Page	Distributions
C	eremoniai	KOIE	Events	and	lickerrass	DISTRIBUTIONS

1.	Agency Name			Date Stamp	California Q02	
	Los Angeles County Board of Supervisors				Form OUZ	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	First District					
	Designated Agency Contact (Name, Title)					
	Avianna Uribe, Ticket Administrator			- Amondment ///		
	Area Code/Phone Number E-mail	Amendment (Must pro	vide explanation in Part 3.)			
	(213) 974-4111 Molina@lacbo	os.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			36	.00	
	Does the agency have a ticket policy?	Yes⊠ No		TEach Ticket/Pass \$.00	
	Event Description Dodger Game		Date(s) 06	, 26 , 14		
	Provide Title/Explai	nation		ngeles Dodgers		
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Los All	Name of Source	Ce	
	Was ticket distribution made at the behest	No□ Yes	⊠ If yes: Supe	rvisor Gloria Molina		
	of agency official?	100	11 yes.	Official's Name (La	st, First)	
3.	Recipients		The second secon			
	Use Section A to identify the agency's department or un		ction B to identify an Individu	al. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy	
		Pass(es)				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following]:	
			Ceremonial Role	Other X	Income	
	Martinez, Valentina	2				
			Per Ticket Policy 5.3 (h)			
			Ceremonial Role Other Income Income			
1			If checking "Ceremonia	al Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
±						
_	Vorification					
	Verification I have read and understand FPPC Regulations 18944.1 and 1	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with the	he requirements!	
		a Uribe		t Administrator	12/20/14	
38	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)	
					(11.51.11)	
	Comment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name	Date Stamp	California Ong				
Los Angeles County Board of Supervisors			,	California 802		
Division, Department, or Region (If Applicable)			For Official Use Only		
First District	First District					
Designated Agency Contact (Name, Title)	1					
Avianna Uribe, Ticket Administrator			Amendment (Must pr			
Area Code/Phone Number E-mail						
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			5,			
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	5.00		
Event Description Dodger Game		Date(s) 06	, 27 , 14			
Provide Title/Expla	anation		ngeles Dodgers			
Ticket(s)/Pass(es) provided by agency?	Name of Sou	rce				
Was ticket distribution made at the behest	rvisor Gloria Molina					
of agency official?	Official's Name (La	ast, First)				
Recipients						
Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency of the section A to identify the agency's department or use the section A to identify the agency of the ag	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy		
Board of Supervisors Employee	Per Ticket Policy 5	3 (k)				
	2					
B. Name of Individual	Number of					
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ig:		
		Ceremonial Role	Other	Income 🔲		
		If checking "Ceremon	ial Role" or "Other" describe below:			
		Ceremonial Role	Other	Income 🔲		
	10	If checking *Ceremoni	ial Role" or "Other" describe below:			
	Number of :	W W. A	re en general est a vente en			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
. Verification						
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	na Uribe		et Administrator	10/20/10		
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)		
Comment						

	•					
Ceremonia	I Role	Events	and Tic	ket/Page	Dietrib	itions

1.	Agency Name			Date Stamp	California Q02	
	Los Angeles County Board of Supervisors				Form OUZ	
	Division, Department, or Region (If Applicable)	(4)(0)-1-(0)-1			For Official Use Only	
	First District					
	Designated Agency Contact (Name, Title)					
	Avianna Uribe, Ticket Administrator	5W 5W				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(213) 974-4111	os.ora		Date of Original Filing:		
2	Function or Event Information	5		 	(Month, Day, Year)	
۷.		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$.00	
	De desar Como	res No	NAME OF TAXABLE PARTY O	,28 ,14		
	Event Description Dodger Game Provide Title/Explai	nation	Date(s) 06	<u> </u>		
	Ticket(s)/Pass(es) provided by agency?		If no: Los And	geles Dodgers		
	Ticket(3)/1 ass(es) provided by agency:	Yes No	A 1110.	Name of Source	ge	
	Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina		
	of agency official?			Official's Name (Las	st, First)	
3.	Recipients					
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy	
		Pass(es)			Maria Caracteria de La composição de la co	
	B. Name of Individual	Number of				
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	I L.	
			Ceremonial Role	Other 🗵	Income 🔲	
	Salazar, Kathleen	2	If checking "Ceremonial Role" or "Other" describe below:			
			Per Ticket Policy 5.3 (h)			
			Ceremonial Role Other Income			
			-	al Role" or "Other" describe below:	Income	
Į						
-	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy	
		Pass(es)				
- 1						
Į	+					
	Verification	100.42 / 1				
,	have read and understand FPPC Regulations 18944.1 and 1	a Uribe			ne requirements.	
	Signature of Agency Head or Designee	Print Nam		t Administrator	u/80/19	
	Sandard of regular read of Designer	r-tilik ivam	U	Title	(Month, Day, Year)	
(Comment:					

-			- 1	group of		MINE N	
C	eren	nonial	Role	Events	and	licket/Pass	Distributions

1.	Agency Name				Date Stamp	California Ong
	Los Angeles County Board of	Supervisors				Form 802
	Division, Department, or Regio	n (If Applicable)				For Official Use Only
	First District					
	Designated Agency Contact (N	ame, Title)				
	Avianna Uribe, Ticket Adminis	strator				
		-mail		78	Amendment (Must pro	ovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org	NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	36	5.00			
	Does the agency have a ticket	oolicy?	Yes No	Face Value o	f Each Ticket/Pass \$	5.00
	Event Description Dodger Gan			Date(s) 06	29 , 14	
		Provide Title/Expla	nation		ngeles Dodgers	
	Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: Los ∧i	Name of Sour	rce
	Was ticket distribution made at	the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?			11 yes.	Official's Name (La	st, First)
3.	Recipients	The state of the s				
	Use Section A to identify the agency's	department or u		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
			Number of			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role Other Improved Income If checking "Ceremonial Role" or "Other" describe below;		
	Estolano, Cecilia		2			
				Per Ticket Policy 5.3	(h)	
				Ceremonial Role	Other	Income
Г				If checking "Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
1						
Į		+				
٢						
	Verification	400444 (100.40.44			
,	have read and understand FPPC Regulation		i <i>8942. I have ve</i> ia Uribe		10 10 10 10	he requirements.
	Signature of Agency Head or Designee	Aviariii	Print Nam		t Administrator	16/39/19
	Signature of Figure 1 Designee		r-miciyam	U	Title	(Month, Day, Year)
(Comment:					

	- ITA					
Cere	monial	Role	Events	and	Ticket/Pass	Distributions

1.	Agency Name			Date Stamp	California OOO			
	Los Angeles County Board of Supervisors	The state of the s	***************************************	Date Stamp	Form 802			
	Division, Department, or Region (If Applicable)				For Official Use Only			
	First District							
	Designated Agency Contact (Name, Title)							
	Avianna Uribe, Ticket Administrator							
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)			
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information			26	5.00			
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	5.00			
	Event Description Dodger Game		Date(s) 06	,30 ,14				
	Provide Title/Explai	nation						
	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Ar	ngeles Dodgers				
	Was ticket distribution made at the behest	🗖	Supe	Name of Sour rvisor Gloria Molina	rce			
	of agency official?	No Ves	If yes: Supe	Official's Name (La	ast, First)			
3.								
ა.	Recipients • Use Section A to identify the agency's department or un	nit. • Use Sec	ction B to identify an individu	ial allse Section C to identif	iu an outeido organization			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	portional participation of the Court Value of Va	lic purpose made pursuant to	Signal Chartery Stages and Colored			
	Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)					
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following Other al Role" or "Other" describe below:	g:			
			Ceremonial Role If checking "Ceremonial	Other all Role" or "Other" describe below:	Income			
I	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy			
	+							
	Verification I have read and understand FPPC Regulations 18944.1 and 1 Aviann			orth above, is in accordance with t	1/2/2/			
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)			
	Comment:							