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

   Amendment (Must provide explanation in Part 3)
   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): 07/01/14

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source: Molina, Gloria
   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 ☐
      Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19441 and 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 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 [ ]
   Face Value of Each Ticket/Pass $36.00
   Date(s)  07  02  14
   Event Description  Dodger Game
   Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
   If no:  Name of Source
   Los Angeles Dodgers

   Was ticket distribution made at the behest of agency official?  No [x]  Yes [ ]
   If yes:  Name of Official (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.

<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>
</table>

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

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

4. Verification
   I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements:

   Signature of Agency Head or Designee  Avianna Uribe  Ticket Administrator  7/3/17

   Print Name  Title  (Month, Day, Year)

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

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

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
   Date(s) 07 10 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 official? No [ ] Yes [x]
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First):

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

   A. Name of Agency, Department or Unit: Board of Supervisors Employee
      Number of Ticket(s)/Pass(es): 2
      Per Ticket Policy 5.3 (k)

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

   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 19444 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
   Date (Month, Day, Year)
   Comment:

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description:** Dodger Game
   - **Date(s):** 07 11 14
   - **Face Value of Each Ticket/Pass:** $36.00
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **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.*

   **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 [ ]
     - [ ]

   **C. Name of Outside Organization**
   - (Include address and description)
   - **Number of Ticket(s)/Pass(es):** 3
   - **Describe the public purpose made pursuant to the agency's policy:**

4. **Verification**
   - I have read and understood FPPC Regulations 18444.1 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:**
   **Date:** 7/31/14

   **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@lacos.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
- **Event Date(s):**
  - 07 12 14
- **Ticket(s)/Pass(es) provided by agency?**
  - No ☑ Yes ☐
- **Was ticket distribution made at the behest of agency official?**
  - Yes ☑ No ☐

**If no: Name of Source**
- Los Angeles Dodgers

**If yes: Name of Official (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)**
- **Describe the public purpose made pursuant to the agency's policy**

#### B. Name of Individual
- **Name of Individual**
  - Santana, Miguel
- **Number of Ticket(s)/Pass(es)**
  - 2
- **Ceremonial Role**
  - ☑ Other
- **Income**
  - ☐

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

### 4. Verification
- I have read and understand FPPC Regulations 19444.1 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)
- 7/3/14
**Comment:**

---

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

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

**Division, Department, or Region (if Applicable)**

**First District**

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

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

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

**Date Stamp**

**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)**
  - 07 13 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)**
  - 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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2 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>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

**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

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

**4. Verification**

I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

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

**Print Name**
Ticket Administrator

**Title**

**Date (Month, Day, Year)**
7/3/14

**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 ☐
Face Value of Each Ticket/Pass $36.00
Event Description  Dodger Game  Provide Title/Explanation
Date(s)  07 29 14
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no:  Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
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  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)

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

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  Title  Ticket Administrator
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**

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

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>Event Description</td>
<td>Dodger Game</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass</td>
<td>$36.00</td>
</tr>
<tr>
<td>Date(s)</td>
<td>07 30 14</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>If no:</td>
<td>Los Angeles Dodgers</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Supervisor Gloria Molina</td>
</tr>
<tr>
<td>If yes:</td>
<td>Official's Name (Last, First)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Use Section A to identify the agency's department or unit.</em></td>
</tr>
<tr>
<td><em>Use Section B to identify an individual.</em></td>
</tr>
<tr>
<td><em>Use Section C to identify an outside organization.</em></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Avianna Uribe</td>
</tr>
</tbody>
</table>

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date (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

Date Stamp California Form 802
For Official Use Only

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

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

Event Description
Dodger Game
Face Value of Each Ticket/Pass $26.00
Date(s)
07 31 14
If no:
Los Angeles Dodgers

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If yes: Supervisor Gloria Molina

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) Number of Ticket(s)/Pass(es) Identify one of the following:

Arce, Michelle 2 Ceremonial Role ☐ Other ☑
If checking “Ceremonial Role” or “Other” describe below:
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

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

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

Comment:

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [X] No [ ]
   - **Event Description** Concert at Disney Hall
   - **Face Value of Each Ticket/Pass** $168.00
   - **Date(s)** 07-11-14
   - **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** LA Philharmonic
   - **Name of Source** Supervisor Gloria Molina

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Los Angeles County Employee
     - Number of Ticket(s)/Pass(es) 2
     - Description of public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (k)

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** 7/3/14

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

A Public Document
California 802 Form
For Official Use Only

Amendment (Must provide explanation in Part 5.)

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/Explanations

Date(s) 07 11 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.

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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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  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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification

I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe

Print Name: Ticket Administrator

Title: (Month, Day, Year) 7/31/19

Comment:

FFPC 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
Date(s) 07 ☐ 13 ☐ 14 ☒
Ticket(s)/Pass(es) provided by agency? Yes☐ No☑
LA Philharmonic
Was ticket distribution made at the behest of agency official? No☐ 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 Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Employee 4 Per Ticket Policy 5.3 (k)

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

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 Print Name Title
Avianna Uribe Ticket Administrator 7/31/14

Comment:

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

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

First District

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

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

Date Stamp California Form 802
For Official Use Only

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

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

Face Value of Each Ticket/Pass $ 168.00

Event Description Concert at Disney Hall
Provide Title/Explanation

Date(s) 07 19 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
Board of Supervisors Employee

Number of Ticket(s)/Pass(es) 2
Per Ticket Policy 5.3 (k)

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

B. Name of Individual

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

C. Name of Outside Organization

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 19841.1 and 19842. 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

((signature)
(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

Divison, Department, or Region (if Applicable)

First District

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

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

Date Stamp                California Form 802
For Official Use Only

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

Event Description  Concert at Disney Hall

Face Value of Each Ticket/Pass $ 99.00

Date(s)  07  19  14

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

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:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>(if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</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


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

Comment:

FFPC 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 Type:
   Date(s):
   Ticket(s)/Pass(es) provided by agency?  Yes X  No
   LA Philharmonic
   Name of Source:
   Supervisor Gloria Molina
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $168.00
   Date(s):

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 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
   (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 19446 and 19447. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (Month, Day, Year)

Comment:

Signature: Avianna Uribe  Ticket Administrator
Print Name
Title
Date (Month, Day, Year)

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 $99.00
   Event Description
   Concert at Disney Hall
   Date(s) 07 26 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source: LA Philharmonic
   If 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
   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 18044.1 and 18982. 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: 7/31/14
   Month, Day, Year

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Concert at Disney Hall
   Face Value of Each Ticket/Pass: $168.00
   Date(s): 07 /26 /14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Philharmonic
   Name of Source: Supervisor Gloria Molina
   If yes: Supervisor Gloria Molina
   Official’s Name (Last, First)

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

   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 19444.1 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] 7/3/17
   [Month, Day, Year]
   Comment:

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