

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 / 01 / 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 ☒	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 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

7/31/14
(Month, Day, Year)

Comment:

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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 / 02 / 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 ☒	If yes:	Supervisor Gloria Molina Official's Name (Last, First)

3. Recipients

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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:
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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.

	Avianna Uribe	Ticket Administrator	7/31/17
Signature of Agency Head or Designee	Print Name	Title	(Month/Day, Year)

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacos.org		

2. Function or Event InformationDoes 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 / 10 / 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Supervisor Gloria Molina
Official's Name (Last, First)**3. Recipients**

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Ticket Administrator

Title

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

2. Function or Event Information		Face Value of Each Ticket/Pass \$	36.00
Does the agency have a ticket policy?	Yes ☒ No ☐	Date(s)	07 / 11 / 14
Event Description	Dodger Game	If no:	Los Angeles Dodgers
Ticket(s)/Pass(es) provided by agency?		Name of Source	
Yes ☐ No ☒		Supervisor Gloria Molina	
Was ticket distribution made at the behest of agency official?		Official's Name (Last, First)	
No ☐ Yes ☒			

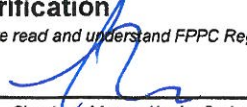
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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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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:
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4. Verification

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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	7/31/14

Comment:

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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 / 12 / 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 ☒	If yes:	Supervisor Gloria Molina Official's Name (Last, First)

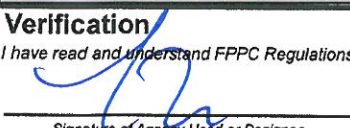
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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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:
Santana, Miguel	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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	7/31/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	☐ Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 36.00

Event Description
Provide Title/ExplanationDate(s) Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes:
Official's Name (Last, First)**3. Recipients**

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

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:
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Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

7/31/14
(Month, Day, Year)Comment:

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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 <i>Provide Title/Explanation</i>	Date(s)	07 / 29 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	Los Angeles Dodgers <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes:	Supervisor Gloria Molina <i>Official's Name (Last, First)</i>

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:
Munoz, Rosalio	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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Signature of Agency Head or Designee	Avianna Uribe	Ticket Administrator	7/31/14
	Print Name	Title	(Month, Day, Year)

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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacbos.org		

2. Function or Event InformationDoes 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) 07/30/14

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

If no: Los Angeles Dodgers

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒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:
Sauter, Cheyanne	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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7/31/14
(Month, Day, Year)

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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 / 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 ☒	If yes:	Supervisor Gloria Molina Official's Name (Last, First)

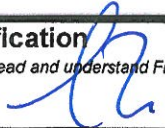
3. Recipients

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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 ☒ 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:
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	Avianna Uribe	Ticket Administrator	7/31/14

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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) 07 / 11 / 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Philharmonic
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒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
Los Angeles County Employee	2	Per Ticket Policy 5.3 (k)

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Ticket Administrator

Title

7/31/14
(Month, Day, Year)

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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 <i>Provide Title/Explanation</i>	Date(s)	07 / 11 / 14
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☒	If no:	LA Philharmonic <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes:	Supervisor Gloria Molina <i>Official's Name (Last, First)</i>

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
Los Angeles County Employee	2	Per Ticket Policy 5.3 (k)
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(213) 974-4111	Molina@lacos.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) 07 13 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? No ☐ Yes ☒

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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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)
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Avianna Uribe

Print Name

Ticket Administrator

Title

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(Month, Day, Year)

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(213) 974-4111	Molina@lacbos.org		

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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 SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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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	Ticket Administrator	7/31/14
	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator		☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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) 07 / 19 / 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Philharmonic
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒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

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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

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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)	07 / 20 / 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?	No ☐ Yes ☒	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:
Boland, Steven	4	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:
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Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

7/31/14
(Month, Day, Year)

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

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Area Code/Phone Number	E-mail	☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
(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)	07 / 26 / 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?	No ☐ Yes ☒	If yes:	Supervisor Gloria Molina Official's Name (Last, First)

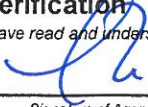
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Board of Supervisors Employee	2	Per Ticket Policy 5.3 (k)
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 Signature of Agency Head or Designee	Avianna Uribe Print Name	Ticket Administrator Title	7/31/14 Month, Day, Year
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Comment:

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

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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)	07 / 26 / 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?	No ☐ Yes ☒	If yes:	Supervisor Gloria Molina Official's Name (Last, First)

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Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

7/31/14

(Month, Day, Year)

Comment: