

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

A Public Document

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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 24.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/09/14

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? 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Angelus Plaza Seniors Retire. Housing Found. 255 S. Hill St., #317, LA, CA 90012	30	Per Ticket Policy 5.3 (i)
Provides services to seniors		

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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1. Agency Name

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

Face Value of Each Ticket/Pass \$ 24.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/09/14

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? 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.

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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Barrio Planners - Comm. Youth Center 5271 E. Beverly Blvd., Los Angeles, CA 90022 +	28	Per Ticket Policy 5.3 (i)
Provides youth services.		

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

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

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Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	32.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07/09/14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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
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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
Barrio Planners - Comm. Youth Center 5271 E. Beverly Blvd., Los Angeles, CA 90022	2	Per Ticket Policy 5.3 (i)
Provides youth services.		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	24.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07/09/14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Bilingual Foundation of the Arts 421 N. Avenue 19, Los Angeles, CA 90031	30	Per Ticket Policy 5.3 (i)
Provides education & training in the field of performing arts for low-income constituents.		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month/Day, Year)</small>

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2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

32.00

Event Description

Concert at Hollywood Bowl

Provide Title/Explanation

Date(s)

07

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?

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
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Chinatown Business Improvement District 727 N. Broadway Ave., Los Angeles, CA 90012+	30	Per Ticket Policy 5.3 (i)
Non-profit community organization		

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

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(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/>	
		(Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$ 32.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/09/14

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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
East Los Angeles Chamber of Commerce 4716 E. Cesar Chavez Ave., LA, CA 90022	30	Per Ticket Policy 5.3 (i)
Non-profit volunteer committee.		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/>	
		(Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<input type="text"/>	<input type="text"/>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<input type="text"/>	<input type="text"/>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
Los Angeles Community Action Network 530 S. Main St., Los Angeles, CA 90013	30	Per Ticket Policy 5.3 (i)
Provides services to the community.	<input type="text"/>	<input type="text"/>

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
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(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/>	
		(Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	32.00
Event Description	Concert at Hollywood Bowl	Date(s)	07 / 09 / 14
	<small>Provide Title/Explanation</small>		
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic
			<small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
			<small>Official's Name (Last, First)</small>

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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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
La Puente Artwalk 16352 Glenhope Dr., La Puente, CA 91744	26	Per Ticket Policy 5.3 (i)
Community organization		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Avianna Uribe, Ticket Administrator			
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(213) 974-4111	Molina@lacos.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="text-align: right;"><i>(Month, Day, Year)</i></div>	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 29.00

Event Description	Concert at Hollywood Bowl
	<i>Provide Title/Explanation</i>

Date(s) 07 / 24 / 14

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

If no: LA Philharmonic

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

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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
Boyle Heights Neighborhood Council 2130 E. 1st Street, #110, LA, CA 90033	30	Per Ticket Policy 5.3 (i)
Community organization.		

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

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2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07/24/14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

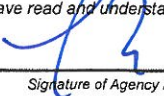
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C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Chinese Historical Society 411 Bernard St., Los Angeles, CA 90012	30	Per Ticket Policy 5.3 (i)
Community organization.		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

Face Value of Each Ticket/Pass \$ 29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/24/14

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
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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
Communities for a Better Environment 6325 Pacific Blvd., #300, Huntington Park, CA	18	Per Ticket Policy 5.3 (i)
Non-profit environmental organization		

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)

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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl	Date(s)	07 / 24 / 14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
El Sereno Hillside Federation of Seniors 4495 Gateside Drive, LA, CA 90032	50	Per Ticket Policy 5.3 (i)
Provides services to seniors.		

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	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	7/31/14

Comment:

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

A Public Document

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@lacobos.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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/24/14

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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
El Sereno Historical Society Post Box 32-113, Los Angeles, CA 90032	8	Per Ticket Policy 5.3 (i)
Community organization		

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:

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

A Public Document

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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

22.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/24/14

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Florence Firestone/Walnut Park Cham. of Com 2156 E. Florence Ave., Walnut Park, CA 90255	30	Per Ticket Policy 5.3 (i)
Non-profit volunteer committee.		

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:

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)		<input type="checkbox"/> 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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 29.00Event Description Concert at Hollywood Bowl
Provide Title/ExplanationDate(s) 07 24 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
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Highland Park Heritage Trust P.O. Box 50894, Los Angeles, CA 90042	26	Per Ticket Policy 5.3 (i)
Non-profit volunteer committee.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

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:

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			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07 / 24 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pacesetters 542 Casuda Canyon, Monterey Park, CA 91754	30	Per Ticket Policy 5.3 (i)
Community organization		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

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Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07/24/14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Ramona Hall Community Center 4580 N. Figueroa St., Los Angeles, CA 90065 +	44	Per Ticket Policy 5.3 (i)
Offers recreational, physical & cultural opportunities to the community. +		

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)
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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		<input type="checkbox"/> 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 \$ 29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/24/14

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)

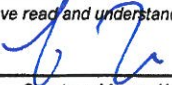
3. Recipients

• 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
St. Hillary Church of Perpetual Adoration 5465 Citronell Ave., Pico Rivera, CA 90660	30	Per Ticket Policy 5.3 (i)
Provides services to the community.		

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	7/31/14
Signature of Agency Head or Designee	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)		<input type="checkbox"/> 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 \$ 29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07 / 24 / 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Walnut Park Residents Association 2723 Broadway St., Walnut Park, CA 90255	4	Per Ticket Policy 5.3 (i)
Community organization		

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:

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)		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	22.00
Event Description	Concert at Hollywood Bowl <i>Provide Title/Explanation</i>	Date(s)	07 / 10 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Alma Family Services 1000 Corp Center Dr. #650, Monterey Park, CA	30	Per Ticket Policy 5.3 (i)
Provides community based services.		

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	Month, Day, Year
	Avianna Uribe	Ticket Administrator	7/31/14

Comment:

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

A Public Document

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Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07 10 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Asian Youth Center 100 West Clary Ave., San Gabriel, CA 91776	30	Per Ticket Policy 5.3 (i)
Provides youth services.		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07 / 10 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Bellevue Recreation Center 826 Lucille Ave., Los Angeles, CA 90026	30	Per Ticket Policy 5.3 (i)
Offers recreational, physical & cultural opportunities to the community.		

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
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

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Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> 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 \$ 29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07 / 10 / 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Chinatown Service Center 767 N. Hill St., Suite 400, LA, CA 90012	10	Per Ticket Policy 5.3 (i)
Provides services to the community.		

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:

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			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	29.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07 / 10 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Concerned Neighbors of El Sereno 3118 Lowell Ave., LA, CA 90032	20	Per Ticket Policy 5.3 (i)
Community organization		

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	7/31/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	22.00
Event Description	Concert at Hollywood Bowl <i>Provide Title/Explanation</i>	Date(s)	07 / 10 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Eagle Rock Recreation Center 1100 Eagle Vista Dr., LA, CA 90041 +	30	Per Ticket Policy 5.3 (i)
Offers recreational, physical & cultural opportunities to the community. +		

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		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	22.00
Event Description	Concert at Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	07 / 10 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
East Los Angeles Boys & Girls Club 324 N. McDonnell Ave., LA, CA 90022	30	Per Ticket Policy 5.3 (i)
Provides youth services.		

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	(Month, Day, Year)
	Avianna Uribe	Ticket Administrator	7/31/14

Comment:

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

A Public Document

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Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> 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 \$ 22.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07 10 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

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Evangelical Formosan Church LA 9537 Telstar Ave., #101, El Monte, CA 91731	30	Per Ticket Policy 5.3 (i)
Provides services to the community.		

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:

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

A Public Document

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Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> 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 \$ 29.00

Event Description Concert at Hollywood Bowl

Provide Title/Explanation

Date(s) 07 / 10 / 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Hathaway Children and Family Services 840 N. Avenue 66, Los Angeles, CA 90042	30	Per Ticket Policy 5.3 (i)
Provides services to children and families.		

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:

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)		<input type="checkbox"/> 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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/10/14

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Highland Park Neighborhood Council 338 N. Avenue 52, LA, CA 90042	22	Per Ticket Policy 5.3 (i)
Community organization.		

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)		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	22.00		
Event Description	Concert at Hollywood Bowl	Date(s)	07	10	14
Provide Title/Explanation					
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic		
		Name of Source			
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Highland Park Neighborhood Council 338 N. Avenue 52, LA, CA 90042	8	Per Ticket Policy 5.3 (i)
Community organization.		

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	7/31/14
Signature of Agency Head or Designee	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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: (Month, Day, Year)
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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 29.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07 / 10 / 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Highland Park Senior Citizen Center 6152 N. Figueroa St., LA, CA 90042	30	Per Ticket Policy 5.3 (i)
Provides services to seniors.		

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:

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

A Public Document

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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 32.00

Event Description Concert at Hollywood Bowl
Provide Title/Explanation

Date(s) 07/09/14

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? 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
A Cleaner Greener ELA 6635 E. Florence Ave., #307, Bell Gardens, CA +	24	Per Ticket Policy 5.3 (i)
Non-profit organization improving air quality for East Los Angeles by planting trees +		

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:

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			
Area Code/Phone Number	E-mail	<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	24.00
Event Description	Concert at Hollywood Bowl	Date(s)	07 / 09 / 14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Philharmonic
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
A Cleaner Greener ELA 6635 E. Florence Ave., #307, Bell Gardens, CA +	6	Per Ticket Policy 5.3 (i)
Non-profit organization improving air quality for East Los Angeles by planting trees +		

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)
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Comment: