. Agency Name				Date Stamp	California O
Los Angeles County B	Board of Supervisors				California 80
Division, Department,	or Region (If Applicable	e) 🕫			For Official Use Onl
First District					
Designated Agency Co	ontact (Name, Title)			4	
Avianna Uribe, Ticket	Administrator			1	
Area Code/Phone Num	ber E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111	Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event				Ī.	
Does the agency have		ATTACABLE AND ADDRESS OF THE PARTY.	Face Value	of Each Ticket/Pass \$	24.00
Event Description Con-	cert at Hollywood Bo		Date(s) 07	,09 ,14	
	Provide Title/Expla		_ I A Ph	ilharmonic	
Ticket(s)/Pass(es) provi	ided by agency?	Yes No	if no:	Name of Sc	ource
Was ticket distribution n	nade at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?		100	ii yes.	Official's Name (Last, First)
• Use Section A to identify the		Number of Ticket(s)/ Pass(es)		ual. • Use Section C to idem	
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/			to the agency's policy
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Pass(es)	Describe the public pub	ilic purpose made pursuant	to the agency's policy
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role Ceremonial Role	Identify one of the following other Other Other	to the agency's policy
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role Ceremonial Role	Identify one of the following Other	to the agency's policy ng:
A. Name of Agency, De Name of In (Last, Fir	dividual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial	Identify one of the following other Other Other	ng:
A. Name of Agency, De Name of In (Lest, Fir Name of Outside ((include address an	Diganization d description)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial	Identify one of the following of the Collowing Other Collows: Other Collows: Other Collows: Other Collows:	ng:
B. Name of Ind. (Lest, Fit	Dirganization d description) re. Housing Found.	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role if checking "Ceremonial Ceremonial Role if checking "Ceremonial Describe the publication of	Identify one of the following of the Collowing Other Collows: Other Collows: Other Collows: Other Collows:	ng:

Comment:

C	eremonial Role Events and Tick	cet/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp			
	Los Angeles County Board of Supervisors			•	Form 802
	Division, Department, or Region (If Applicable)	4	For Official Use Only		
	First District		0,000	1	
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator			1	
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111 Molina@lacbo	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			·	
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	4.00
	Event Description Concert at Hollywood Bo	wl	Date(s) 07	,09 ,14	
	Provide IIIIe/Explai	nation	I A Phi	lharmonic	
	Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no:	Name of So	urce
	Was ticket distribution made at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
	of agency official?		•	Official's Name (I	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or ur		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			a Marini di Taglia di Alea y di
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income 🗋
	1		If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other _	Income
			I consider the second of the s	ial Role" or "Other" describe below:	illomic [
	/				
		Numberes			
	C Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to the agency's policy	
		Pass(es)			
	Barrio Planners - Comm. Youth Center	28	Per Ticket Policy 5.3 (i)	
	5271 E. Beverly Blvd., Los Angeles, CA 90022 🖪				
	Provides youth services.				
_	Verification		<u> </u>		
	I have read and understand FPPC Regulations 18944.1 and 1	8942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	Aviann			et Administrator	7/14/21
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
					1
	Comment:				

ocientoma role Events and rich	CUI USS	Distributions		A Public Document
1. Agency Name	-	W	Date Stamp	California 802
Los Angeles County Board of Supervisors				
Division, Department, or Region (If Applicable))			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator		——————————————————————————————————————		
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Marth Bay Vand
2. Function or Event Information				(Month, Day, Year)
	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	2.00
Consert at Hollywood Pa	-		.09 14	
Event Description Concert at Hollywood BC	A STATE OF THE RESIDENCE OF THE PARTY OF THE	Date(s) 07		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	× If no: LA Phi	lharmonic	
		_	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (L	act Eimt)
			Official's Name (L	asi, Firsi)
3. Recipients				
Use Section A to identify the agency's department or u	Number of	* forgation order in the forest by	Live to the selection of the selection	CONTROL SERVICES AND CONTROL OF THE
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
	1 400(00)			
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
,				
		Ceremonial Role	Other L	
			al Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
(include address and description)	Pass(es)		y i was a second to	Samol a barrol
Barrio Planners - Comm. Youth Center	2	D. Tidas D. P. 55 W		
5271 E. Beverly Blvd., Los Angeles, CA 90022 🖪		Per Ticket Policy 5.3 (i)	
Provides youth services.				
. Verification	Y	<u> </u>		1 /
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Avianr	na Uribe	Ticke	et Administrator	7/31/14
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)
		1	FPPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	. Agency Name				Date Stamp	California 802
	Los Angeles County Board of Supervisors					Form OUZ
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	First District			A		
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Admir	nistrator				
		E-mail	***		Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 2	4.00
	Event Description Concert at			Date(s) 07	,09 ,14	
	Event Description	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No	× If no: LA Phi	lharmonic	
				_	Name of Sou	Irce
	Was ticket distribution made a of agency official?	t the behest	No Ves	If yes: Supe	rvisor Gloria Molina Official's Name (L	ant Simil
					Omciai's Name (L	ast, First)
3.		Ja J				
	Use Section A to identify the agency	Total A	Number of	CANADA VINA		The State of the S
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 405(05)		A Control of the Cont	

				*		
	B. Name of Individua	r Kiring I	Number of Ticket(s)/		ra cue con a un o	
	(Lest, First)		Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income 🔲
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	moonio
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant i	to the agency's policy
			Pass(es)			
	Bilingual Foundation of the Arts		30	Per Ticket Policy 5.3 (i		
	421 N. Avenue 19, Los Angeles,	CA 90031 +		Ter ricker oney 5.5 (
	Provides education & training in	the field of				
	performing arts for low-income	constituents. 🚹				**************************************
١.	Verification	aliana 190111 1	19040 15	25-411-111-2-2-111		1 1
	I have read and understand FPPC Regula		<i>18942. I have ve</i> na Uribe		25.757 10.757	the requirements.
	Signature of Aganas Used as Dani	Avianr			et Administrator	1/5//19
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month Day, Year)
	Comment:					
				***************************************	-DD0 7-11 F	FPPC Form 802 (4/12)
				'	-PPC 1011-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors		Form OUZ		
	Division, Department, or Region (If Applicable)				For Official Use Only
	First District		***		
	Designated Agency Contact (Name, Title)	1			
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	
2	Function or Event Information				(Month, Day, Year)
		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	2.00
	Event Description Concert at Hollywood Bo			.09 .14	
	Event Description Provide Title/Expla	nation	Date(s) 07		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	lharmonic	
	Provided by agency:	res I No	_	Name of Soi	urce
	Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
EPANOS.	of agency official?			Official's Name (L	.ast, First)
3.		5000 C0000 V700	PER CONTROL MAN AND AN ANALYSIS		
	Use Section A to identify the agency's department or u		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
			The second secon	ial Role" or "Other" describe below:	income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(minute statistics and secondary)	Pass(es)			
	Chinatown Business Improvement District	30	Per Ticket Policy 5.3 (i)	
	727 N. Broadway Ave., Los Angeles, CA 90012		Ter ricker oney 5.5 (i	/	
	Non-profit community organization				
4.	Verification	100.40 []			. 1 /
	I have read and understand FPPC Regulations 18944.1 and				the requirements.
	Signature of Agency Head or Designee	na Uribe		et Administrator	7/3////
	Signature of Agency Head of Designee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:			and the second s	
			***************************************	EDDC Tall Face 11 1 1	FPPC Form 802 (4/12)
				rrro iou-free Helpline: 80	66/ASK-FPPC (866/275-7772)

C	eremonial Role Events	and Tick	cet/Pass	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
	Los Angeles County Board of St		Form OUZ			
	Division, Department, or Region	(If Applicable)			1	For Official Use Only
	First District				1	
	Designated Agency Contact (Nam	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administ	rator				
		mail			Amendment (Must)	provide explanation in Part 3.)
	(213) 974-4111 M	lolina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	tion			<u>.</u>	
	Does the agency have a ticket po	olicy?	Yes No	Face Value	of Each Ticket/Pass \$	32.00
	Event Description Concert at Ho			Date(s) 07	,09 ,14	
	Pro	ovide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by ag	gency?	Yes□ No	× If no: LA Ph	ilharmonic	
					Name of Sc	nurge
	Was ticket distribution made at the of agency official?	e behest	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name ((I set Firef)
-					Official's Name (Lasi, Flisi)
3.	Recipients	anarimant as	nit alloo Co	ation D to intentify on to divid	l 11 C41 C	
	Use Section A to identify the agency's d		Number of	North and Control of the Control	NACO CONTRACTOR SERVICE	The Control of the Co
	A. Name of Agency, Department o	r Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	t to the agency's policy
	Control of the contro					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ina:
	(Last, First)		Pass(es)			
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income
				it discountly continue	null Note of Other describe below.	
				Ceremonial Role		Income
				If checking "Ceremon	nial Role" or "Other" describe below:	
	Name of Outside Organizati	on	Number of .		jan nji wayan ya 1 1 sabab. 1	
	Name of Outside Organizati (include address and descrip		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	East Los Angeles Chamber of Comr 4716 E. Cesar Chavez Ave., LA, CA 9		30	Per Ticket Policy 5.3 (i)	
	TO E. CESAL CHARLET WAY END					
	Non-profit volunteer committee.					
4.	Verification		4	<u> </u>		
	I have read and understand FPPC Regulation	ns 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set i	forth above, is in accordance wit	th the requirements.
			na Uribe		et Administrator	7/21/14
	Signature of Agency Head or Designee		Print Nan		Title	(Month, Day, Year)
						1 1
	Comment:					EDDO F. CAS /
					FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

						A Fublic Document
-	. Agency Name				Date Stamp	California 802
_	os Angeles County Board of	The second secon				Form For Official Use Only
Di	ivision, Department, or Regio	n (If Applicable)			To official oscionity
	rst District					
D	esignated Agency Contact (N	ame, Title)				
Α	vianna Uribe, Ticket Adminis	strator			Amendment (Must pr	mylide cyntenstics is Cost 2.)
		-mail				ovide explanation in Part 3.)
		Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
	unction or Event Inform			lose	3.	2.00
	pes the agency have a ticket		Yes⊠ No		TEach Ticket/Pass \$	
ΕV	vent Description Concert at F	Hollywood Bo	owl	Date(s) 07	09 ,14	
	,	-rovide Title/Expi	anation		harmonic	
Tie	cket(s)/Pass(es) provided by	agency?	Yes No	if no:	Name of Sou	Irce
W	as ticket distribution made at	the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
C	of agency official?		140 - 103	il yes.	Official's Name (L	ast, First)
3. R	ecipients		V			
	Jse Section A to identify the agency's	department or i	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A	Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant i	to the agency's policy
_			Pass(es)			
	3					
F						
L D	Name of Individual		Number of			
В	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
Г				Ceremonial Role	Other	Income 🔲
				If checking "Ceremoni	al Role" or "Other" describe below:	
-				Ceremonial Role	Other 🔲	Jacobs T
				The second secon	al Role" or "Other" describe below:	Income
L						
C.	Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	o the agency's policy
Lo	s Angeles Community Action N	letwork				
	0 S. Main St., Los Angeles, CA 9		30	Per Ticket Policy 5.3 (i)		
Pro	ovides services to the communi	ty.				
. Ve	erification		*			. /
l ha	ve read and understand FPPC Regulati					the requirements
		Avian	na Uribe		et Administrator	1/31/19
	Signature of Agency Head or Designee		Print Nam	16	Title	(Month, Day, Year)
Cr	omment:					
						FPPC Form 802 (4/12)
				F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

_	0.00			2.011.1011.011.0		A Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board o	f Supervisors				Form OUZ
	Division, Department, or Regi	on (If Applicable)		For Official Use Only		
	First District					
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Admin	istrator			Amendment (Must pr	
1	Area Code/Phone Number	E-mail			Amendment (Must ph	ovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.					33	2.00
	Does the agency have a ticket		Yes⊠ No		of Each Ticket/Pass \$	
	Event Description Concert at	Hollywood Bo	nation	Date(s) 07	,09 ,14	
	Ticket(s)/Pass(es) provided by	agency?	Yes□ Nol	× If no: LA Phil	lharmonic	
				Supa	Name of Sou	rce
	Was ticket distribution made a of agency official?	t the behest	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	ant Firmf)
		A			Official's Name (Le	asi, Filsij
3.	Recipients • Use Section A to identify the agency	's denartment or u	nit allea Sac	rtion R to identify an individu	ial affection C to identi	6
	A. Name of Agency, Departmen	22-1-21-1-22	Number of	and the state of t	Are constitution to the engineers	N. Mariner, Phys. Rev. B 1980, 1981
	A. Name of Agency, Departmen	iit or offic	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🔲
				Ceremoniai Role If checking "Ceremoni	Other Lial Role" or "Other" describe below:	Income
	C. Name of Outside Organi	zation	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant t	o the agency's policy
	(include address and desc	cription)	Pass(es)		par sugar.	o the agency a policy
	La Puente Artwalk 16352 Glenhope Dr., La Puente,	CA 91744 🛨	26	Per Ticket Policy 5.3 (i))	
I	Community organization					
				<u> </u>		
•	Verification	aliana 19044 1 and	19042 have us	wified that the distribution and E	-di-l	/
	I have read and understand FPPC Regula		na Uribe		orth above, is in accordance with et Administrator	the requirements.
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day Year)
	Comment:					

A Public Document

Celemonial Note Events and Tic	Neur ass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Los Angeles County Board of Supervisors				Form OUZ	
Division, Department, or Region (If Applicable		For Official Use Only			
First District					
Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			29	9.00	
Does the agency have a ticket policy?	Yes⊠ No		f Each Ticket/Pass \$		
Event Description Concert at Hollywood Bo	-	Date(s) 07	24 14		
Provide Title/Expla		I Δ Phi	Iharmonic		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce	
Was ticket distribution made at the behest	No□ Yes	Supe	rvisor Gloria Molina		
of agency official?	MOE les	If yes:	Official's Name (La	ast, First)	
3. Recipients		The state of the s			
Use Section A to identify the agency's department or it.		ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
		Ceremonial Role	Other	Income	
		If checking "Ceremon	ial Role" or "Other" describe below:		
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant t	o the agency's policy	
(include address and description)	Pass(es)		no parpose maso parsagne.	orate agency a policy	
Boyle Heights Neighborhood Council	30	Per Ticket Policy 5.3 (i)		
2130 E. 1st Street, #110, LA, CA 90033					
Community organization.					
4. Verification		J'		1	
I have read and understand FPPC Regulations 18944.1 and				the requirements.	
Avian	na Uribe	Ticke	et Administrator		
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Pay, Year)	
Comment					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	
Los Angeles County Board of Supervisors			***	Form 802
Division, Department, or Region (If Applicable	livision, Department, or Region (If Applicable)			
First District			1	
Designated Agency Contact (Name, Title)			•	
Avianna Uribe, Ticket Administrator		***		
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description Concert at Hollywood B		Date(s) 07	, 24 , 14	
Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: LA Phi	lharmonic Name of So	urce
Was ticket distribution made at the behest	No□ Yes	☑ If yes: Supe	ervisor Gloria Molina	
of agency official?	100	a li yes.	Official's Name (I	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	The second second second second	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
and the second s				
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na.
(Last, First)	Pass(es)		-	
		Ceremonial Role	Other islands of the control of the	Income
		a choosing coronism	artore or other describe perow.	
		Ceremonial Role	Other III	Income
			arrest or other describe below.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
Chinese Historical Society	30	Per Ticket Policy 5.3 (i		
411 Bernard St., Los Angeles, CA 90012			,	
Community organization.				
. Verification_	11	<u> </u>		
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	crified that the distribution set fo	orth above, is in accordance with	the requirements.
Avian	na Uribe	Ticke	et Administrator	1/31/14
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen		
1. Agency Name			Date Stamp	California 802		
Los Angeles County Board of Supervisors				TOTH		
Division, Department, or Region (If Applicable)		For Official Use Only				
First District	First District					
Designated Agency Contact (Name, Title)			a.			
Avianna Uribe, Ticket Administrator			<u></u>			
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)		
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			5	9.00		
	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	9.00		
Event Description Concert at Hollywood Bo	wl	Date(s) 07	, 24 , 14			
Provide Title/Expla	nation		harmonic			
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Soi	ırce		
Was ticket distribution made at the behest	No□ Yes	¥ If yes: Supe	rvisor Gloria Molina			
of agency official?	100	a li yes.	Official's Name (L	ast, First)		
. Recipients						
Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Pass(es)					
B. Name of Individual	Number of Ticket(s)/		Identify one of the following			
(Last, First)	Pass(es)		dentity one of the following	ıy.		
		Ceremonial Role	Other al Role" or "Other" describe below:	Income		
		n one and opening	arriole of other describe below.			
		Ceremonial Role	Other	income		
		if checking "Ceremonia	al Role" or "Other" describe below:			
C. Name of Outside Organization	Number of		ng kapangan garangang			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy		
Communities for a Better Environment	1.					
6325 Pacific Blvd., #300, Huntington Park, CA 🖪	18	Per Ticket Policy 5.3 (i)				
Non-profit environmental organization						
Verification				1		
I have read and understand FPPC Regulations 18944.1 and 1				the requirements.		
Signature of Agency Head or Designee	a Uribe		t Administrator	1/31/4		
Signature of Agency need of Designee	Print Nam	e	Title	(Month, Day, Year)		
Comment:			The state of the s			

ocicinomai Noic Events an	u Hokebi asa	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Super	Los Angeles County Board of Supervisors			
Division, Department, or Region (If Ap	oplicable)			For Official Use Only
First District		3 1 M MANUAL TO THE RESERVE OF THE PARTY OF		
Designated Agency Contact (Name, Ti	tle)		1	
Avianna Uribe, Ticket Administrato	r			
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(213) 974-4111 Molin	a@lacbos.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			F	
Does the agency have a ticket policy'	? Yes⊠ No	Face Value of	of Each Ticket/Pass \$	0.00
Event Description Concert at Hollyw		Date(s) 07	24 14	
Provide **	Title/Explanation			
Ticket(s)/Pass(es) provided by agenc	y? Yes□ No	If no: LA Phi	lharmonic	
			Name of Sour rvisor Gloria Molina	rce
Was ticket distribution made at the be of agency official?	hest No Ves	If yes: Supe	Official's Name (La	est First)
			omour a realize	54,11150
 Recipients Use Section A to identify the agency's depart 	ment or unit. • Use Se	ction B to identify an Individu	ual. • Use Section C to identif	iv an outside organization
A. Name of Agency, Department or Uni	Number of	- School and posts, in the contract App	Art of the Charles Commence of	THE THEORY SHAPE
A. Name of Agency, Department of Offi	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuant fo	o the agency's policy
	Name			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	g:
	Pass(es)	Ceremonial Role	Other	Income 🔲
			ial Role" or "Other" describe below:	income 🛄
	l.			
L.			 	
		Ceremonial Role	Other Gescribe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/		lic purpose made pursuant to	the agency's policy
(include address and description)	Pass(es)		To parpood made parquait to	the agency's policy
El Sereno Hillside Federation of Seniors	50	D T. L. D. F. 52(1)		
4495 Gateside Drive, LA, CA 90032	50	Per Ticket Policy 5.3 (i))	
Provides services to seniors.				8
Verification		NAME OF THE PARTY		/ /
I have read and understand FPPC Regulations 189				the requirements.
Signature of Agency Head as Davis	Avianna Uribe		et Administrator	1/21/19
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:		Married Committee and Committe	AND THE RESERVE OF THE PARTY OF	

_		u		=:01::501:01:0		A Public Document
1.	Agency Name		****		Date Stamp	California 802
	Los Angeles County Board of Su	upervisors				Form OUZ
	Division, Department, or Region	(If Applicable))			For Official Use Only
	First District					
	Designated Agency Contact (Nam	ne Title)				
	Avianna Uribe, Ticket Administ	ACCIONING AND DESCRIPTION OF THE PERSON OF T			Amendment (Must pro	ovide explanation in Part 3.)
		mail Iolina@lacb				
	<u> </u>		os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa		_	_	29	9.00
	Does the agency have a ticket po	olicy?	Yes⊠ No		of Each Ticket/Pass \$,,,,,,
	Event Description Concert at Ho	A STATE OF THE PARTY OF THE PAR	The second secon	Date(s) 07	, 24 , 14	
	Pro	ovide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by ag	gency?	Yes No	If no: LA Phi	lharmonic	
	Mark Color Color Color Color	- 111		Supe	Name of Sour rvisor Gloria Molina	rce
	Was ticket distribution made at the of agency official?	e benest	No Yes	If yes:	Official's Name (La	act Firet)
					Official's Name (La	15t, 1 ff5t)
3.	Recipients			Also Die Identification in the con-		
	Use Section A to identify the agency's d		Number of	- 100 mg/s 100 mg/s 100 mg/s 100 mg/s	Mer of the transport of a captain of	1 (44), 1 (547), 1 (4), 4 (4)
	A. Name of Agency, Department o	r Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			F 835(63)			
	D. Name of Individual		Number of	A DECEMBER AND ASSESSMENT		
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the followin	ı g:
				Ceremonial Role	Other 🔲	Income 🗍
				If checking "Ceremoni	al Role" or "Other" describe below:	moonio 🗀
				Ceremonial Role	Other _	Income
1				if checking "Ceremoni	al Role" or "Other" describe below:	
	C Name of Outside Organizati	on	Number of :			
	C. Name of Outside Organizati (include address and descript		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
		_				
	El Sereno Historical Society Post Box 32-113, Los Angeles, CA 90	2022	8	Per Ticket Policy 5.3 (i))	
	Post Box 32-113, Los Aligeles, CA 90	0032 🛨				
	Community organization				The state of the s	
	, ,					
	Verification 5000 Security	- 100111				1
10	I have read and understand FPPC Regulation		18942. I have ve na Uribe			the requirements.
	Ju	Avianr	-		et Administrator	1/3/17
	Signatule of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					
		1000				

v	eremonial Role Events a	and nice	Keurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board of Su	pervisors				Form OUZ
	Division, Department, or Region ('if Applicable))			For Official Use Only
	First District	to the control of the	- C			
	Designated Agency Contact (Name	e, Title)]	
	Avianna Uribe, Ticket Administra	ator			- Amondment ((4.4.	
	Area Code/Phone Number E-m					rovide explanation in Part 3.)
		olina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat				5	2.00
	Does the agency have a ticket pol	-	Yes⊠ No		of Each Ticket/Pass \$	2.00
	Event Description Concert at Hol	lywood Bo	and the second s	Date(s) 07	/ 24 / 14	
	Ticket(s)/Pass(es) provided by age			I A Phi	lharmonic	
	Ticket(s)/Fass(es) provided by age	silcy?	Yes No		Name of So	urce
	Was ticket distribution made at the	behest	No Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?			300	Official's Name (I	ast, First)
3.	Recipients					
	Use Section A to identify the agency's de		nit. • Use Sec Number of	e A County A Supplement Reserved August Aug	NECESIA PARMITERA	TO THE TOTAL SERVICE STREET
	A. Name of Agency, Department or	Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other 🔲	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
	<u> </u>			Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
Ļ	C. Name of Outside Organizatio	n	Number of :			
	(include address and description		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
I	Florence Firestone/Walnut Park Char	m. of Com	20			
	2156 E. Florence Ave., Walnut Park, C	A 90255 #	30	Per Ticket Policy 5.3 (i))	
I	Non-profit volunteer committee.				7.5.7.	
						t and the same of
	Verification have read any understand FPPC Regulations	10044 1 and :	19042 have ve	25-311-10-817 6 15		
,	The sad an analystations	1 1000 000	ia Uribe		et Administrator	the requirements.
	Signature of Agency Head or Designee	Lividilli	Print Nam	** ***********************************	Title	1/3//9
			, ,,,,, rvdiii		rue	(Month, Day,/Year)
i	Comment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name	Agency Name			
Los Angeles County Board of Supervisors	_			Form 802
Division, Department, or Region (If Applicable	•)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			Amendment (Must p	marida arriamation in Dant O.
Area Code/Phone Number E-mail			ni l	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	-		2	9.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ _	
Event Description Concert at Hollywood Bo	owl anation	Date(s) 07	, 24 , 14	
Ticket(s)/Pass(es) provided by agency?		× If no: LA Phi	lharmonic	
Howerlay assess provided by agency?	Yes No		Name of Soi	urce
NOE 163E II Ves.			ervisor Gloria Molina	
of agency official?			Official's Name (L	.ast, First)
Recipients		ED LOS DE PRODES DE LA CAMPAGNE	2 80 80 10 10 10	
Use Section A to identify the agency's department or a	unit. • Use Se	and the state of t		TO DESCRIPTION OF THE PROPERTY
A. Name of Agency, Department or Unit	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Pass(es)			a salatan manadanan ana ara-
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
(Last, First)	Pass(es)		identity one of the following	ilg:
		Ceremonial Role	Other islands of the control of the	Income
		il Checking Celemon	all Role of Other describe pelow:	
				2460 2 36403600
		Ceremonial Role	Other	Income
		If checking "Ceremon.	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic 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.				
Verification	W	μ		0.000
	have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for			the requirements.
Aviani	Avianna Uribe Ticke			7/31/1
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
				· ·
Comment:	1936			EDDC F 000 (4/40
		ì	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12 66/ASK-FPPC (866/275-7772

ncy Name Ingeles County Board of Supervisors Ingeles County Board of Supervisors Ingeles County Board of Supervisors Ingeles County Board (Name, Title) Ingeles Contact (Name, Title)			Date Stamp	California 802		
Pistrict			II.	FOIII		
		Division, Department, or Region (If Applicable)				
nated Agency Contact (Name, Title)	să.					
			j			
na Uribe, Ticket Administrator	-105		- Amondment (14.1			
Code/Phone Number E-mail				provide explanation in Part 3.)		
974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)		
	_	_		29.00		
	of Each Ticket/Pass \$ L					
Describition	And the second second	Date(s) 07	, 24 , 14			
L A Philharmonic						
(s)/Pass(es) provided by agency?	Yes No	× If no: ■	Name of So	urce		
cket distribution made at the behest ency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (i	Last, First)		
Recipients						
ection A to identify the agency's department or u	ual. • Use Section C to iden	tify an outside organization.				
Name of Agency, Department or Unit	Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy		
	Pass(es)			. 1841. * 1819. * 1819.		
Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		Ceremonial Role If checking "Ceremon	Other describe below:	Income		
		Ceremonial Role	Other _	Income 🗍		
		If checking "Ceremon	ial Role" or "Other" describe below:			
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
tters suda Canvon. Monterey Park. CA 9175 43	30	Per Ticket Policy 5.3 (i)			
	Concert at Hollywood Bo Provide Title/Expla (s)/Pass(es) provided by agency? cket distribution made at the behest ency official? Dients ection A to identify the agency's department or unit Name of Agency, Department or Unit Name of Individual (Lest, First) Name of Outside Organization (Include address and description)	The agency have a ticket policy? Description Concert at Hollywood Bowl Provide Title/Explanation (s)/Pass(es) provided by agency? Yes No Coket distribution made at the behest ency official? Dients Eaction A to identify the agency's department or unit. • Use Second Action Act	The agency have a ticket policy? Description Concert at Hollywood Bowl Provide Title/Explanation (s)/Pass(es) provided by agency? Yes No If no: Coket distribution made at the behest No Yes If yes: Dients Describe the agency's department or unit. Name of Agency, Department or Unit Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Name of Individual (Last, First) Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the pub Ceremonial Role If checking 'Ceremon Number of Ticket(s)/Pass(es) Describe the pub Ceremonial Role If checking 'Ceremon Number of Ticket(s)/Pass(es) Describe the pub Pass(es)	The agency have a ticket policy? Yes No Description Concert at Hollywood Bowl Provide Title/Explanation (s)/Pass(es) provided by agency? Yes No Date(s) No Date(s) Pass(es) If no: LA Philharmonic Name of Supervisor Gloria Molina Official's Name (s) Official's Name (s) Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual (see, Fiss) Number of Ticket(s)/ Pass(es) Pass(es) Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant or the following remonial Role or "Other" describe below: Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant or the following remonial Role or "Other" describe below: Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant or Ticket(s)/ Pass(es) Pass(es) Pass(es) Pass(es) Pass(es) Pass(es) Pass(es) Pass(es) Pass(es)		

Verification			
	d 18942, I have verified that the Ina Uribe	he distribution set forth above, is in accordance with Ticket Administrator	the requirements.
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Cicinoma Roic Events and T	icket/Pass	Distributions		A Public Documen
Agency Name	Date Stamp	California 802		
Los Angeles County Board of Supervisors				TOTAL
Division, Department, or Region (If Applica	ble)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator	Avianna Uribe, Ticket Administrator			
Area Code/Phone Number E-mail	THE PORT OF THE PERSON NAMED IN		Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			·	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	29.00
Event Description Concert at Hollywood		07	, 24 , 14	
Provide Title/E.	A CONTRACTOR OF THE PARTY OF TH	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	lharmonic	
		_	Name of So	urce
Was ticket distribution made at the behest No Yes If yes: Supe of agency official?			rvisor Gloria Molina Official's Name (i	Last Firet
			Onicial's Name (i	Lasi, FIISI)
Recipients	arumit - Haa Ca	ation Danishasifa i-diald		APICONIAC NORMAN AND PROPERTY AND
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency agency and the section A to identify the agency	Number of	e single state of the state of the	Decree of the second of the second second	The Garage State of the Control of t
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Ceremonial Role	Other .	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
	H			
		Ceremonial Role	Other 🔲	
			al Role" or "Other" describe below:	Income
<u> </u>				
,				
C. Name of Outside Organization	Number of . Ticket(s)/	Describe the nub	lic purpose made pursuant	to the agencyle policy
(include address and description)	Pass(es)		no 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	7			
	+			
Verification				
I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have ve	arified that the distribution set fo	orth above, is in accordance with	h the requirements. /
Avia	Avianna Uribe Ticke			7/3/14
Signature of Agency Head or Designee	Print Narr	ne	Title	(Month, Day, Year)
Comment:				
		F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

eremonial Role Events and Tick	et/Pass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ
Division, Department, or Region (If Applicable)			9	1 or official cas offi
First District		4		
Designated Agency Contact (Name, Title)				-
Avianna Uribe, Ticket Administrator			- Amandmant ((4)	
Area Code/Phone Number E-mail			Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@lacbo	os.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	9.00
Event Description Concert at Hollywood Bo	wl	Date(s) 07	, 24 , 14	
Provide Title/Explan	nation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	harmonic	
Was ticket distribution made at the behest	м П у	Supe	Name of So rvisor Gloria Molina	urca
of agency official?	No Yes	If yes:	Official's Name (Last, First)
Recipients • Use Section A to Identify the agency's department or us A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	5 Strank Company of the Court Sec.	al. • Use Section C to Iden lic purpose made pursuant	1 States There in terms and the ex-
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic 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.				
Verification I have read and understand FPPC Regulations 18944.1 and 1 Aviann Signature of Agency Head or Designee	18942. I have ve a Uribe Print Nam	Ticke	orth above, is in accordance wit et Administrator Tille	h the requirements. /
Comment:				

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen	
1. Agency Name			Date Stamp		
Los Angeles County Board of Supervisors				Form 802	
Division, Department, or Region (If Applicable))			For Official Use Only	
First District			1		
Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00	
Event Description Concert at Hollywood Bo		Date(s) 07	, 24 , 14		
Provide Title/Expla		I A Phi	lharmonic		
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭf no:	Name of Soi	Irce	
Was ticket distribution made at the behest	No Yes	✓ If yes: Supe	rvisor Gloria Molina		
of agency official?	2 73117 1		Official's Name (L	ast, First)	
. Recipients					
Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an Individu	ial. • Use Section C to ident	Ify an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	rass(es)	24 4 84 July 19 19 19 19 19			
B. Name of Individual	Number of Ticket(s)/	连续"各家的。"		e. , he estiple	
(Lest First)	Pass(es)	Server and Automatical	Identify one of the following	19	
		Ceremonial Role	Other	Income	
*		if Checking Ceremoni	ial Role" or "Other" describe below:	and the supervise of th	
		Ceremonial Role	Other _	Income	
		If checking "Ceremoni	al Role" or "Other" describe below:		
C Name of Outside Organization	Number of			areazasi (S) ili jua	
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant i		
Walnut Park Residents Association					
2723 Broadway St., Walnut Park, CA 90255	4	Per Ticket Policy 5.3 (i)			
Community organization					
Verification /		U-			
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	arified that the distribution set fo	orth above, is in accordance with	the requirements. 1	
Aviann	na Uribe	Ticke	et Administrator	131/	
Signature of Agency Head or Designee	Print Nam	e L	Title	(Mpnth, Day, Year)	
Comment:					

Ceremonial Role Events an	d Ticket/Pas	s Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supe	rvisors			Form OUZ
Division, Department, or Region (If A	pplicable)		1	For Official Use Only
First District			1	
Designated Agency Contact (Name, To	tle)		1	
Avianna Uribe, Ticket Administrato	r		1	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molin	a@lacbos.org		Date of Original Filing	(Month, Day, Year)
. Function or Event Information	1			22.00
Does the agency have a ticket policy	? Yes⊠ No	Face Value o	of Each Ticket/Pass \$	22.00
Event Description Concert at Hollyv		Date(s) 07	,10 ,14	
Provide	Title/Explanation		lharmonis	
Ticket(s)/Pass(es) provided by agend	y? Yes□ No	If no: LA Phi	Iharmonic Name of Si	OUICO
Was ticket distribution made at the be	ehest No Ve	Supe	ervisor Gloria Molina	MA CO
of agency official?	140 Tes	If yes: Supe	Official's Name	(Last, First)
. Recipients				
 Use Section A to identify the agency's depart 	ment or unit. • Use S	ection B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Un	t Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	nt to the agency's policy
	1 255(05)			
				NA CONTRACTOR OF THE CONTRACTO
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
			-	
		Ceremonial Role If checking "Ceremon	Other nial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/		lic purpose made pursuan	t to the agency's notice
(include address and description)	Pass(es)	- Soon Be the pub	Paripood made pursualli	t to the agency a policy
Alma Family Services 1000 Corp Center Dr. #650, Monterey Po	ark (47) 30	Per Ticket Policy 5.3 (i	i)	
Todo Corp Certici Di, #030, Monteley Fi	arry C/L			
Provides community based services.				
Verification				
I have read and understand FPPC Regulations 18		verified that the distribution set for	orth above, is in accordance wi	ith the requirements
4.1	Avianna Uribe	Ticke	et Administrator	17/31/14
Signalure of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				
	The second secon			

Comment

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Los Angeles County Board of Supervisors **Form** For Official Use Only Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description Concert at Hollywood Bowl 10 Date(s) Provide Title/Explanation .A Philharmonic Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Name of Source Supervisor Gloria Molina Was ticket distribution made at the behest No□ Yes⊠ If yes: of agency official? 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Asian Youth Center 30 Per Ticket Policy 5.3 (i) 100 West Clary Ave., San Gabriel, CA 91776 Provides youth services. Verification stand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements I have read Avianna Uribe Ticket Administrator ature of Agency Head or Designee Print Name (Nonth, Day Year)

C	eremoniai Role Event	s and ner	(euPass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Ono
	Los Angeles County Board of Supervisors					Form 802
	Division, Department, or Region (If Applicable)					For Official Use Only
	First District		-		1	
	Designated Agency Contact (A	lame, Title)				
	Avianna Uribe, Ticket Admini	strator				
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform			-	2	9.00
	Does the agency have a ticket		Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	
	EAGUE DESCRIPTION	Hollywood Bo		Date(s) 07	, 10 , 14	
				LA Phi	lharmonic	
	Ticket(s)/Pass(es) provided by agency? Yes No If no:			Name of Soil	urce	
	Was ticket distribution made at	the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's	s department or u	nit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			Nombreed			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other _	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organiz	ation	Number of			
	(include address and descr		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant l	to the agency's policy
	Bellevue Recreation Center		30	Dou Tiplest Delling 5.2 (77 - 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	826 Lucille Ave., Los Angeles, CA	90026	30	Per Ticket Policy 5.3 (i)	
	Offers recreational, physical & cul	tural				
_	opportunities to the community.					W. W
	Verification	V 100 1 1 1 1 1				
	I have read and understand FPPC Regulat		ia Uribe			the requirements.
	Signature of Agency Monday Design	Aviann			et Administrator	1/3///
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment:					

Ceremonial Role Events and Ticl	KevPass	Distributions		A Public Documen
I. Agency Name	Date Stamp	California 802		
Los Angeles County Board of Supervisors				I VIIII
Division, Department, or Region (If Applicable))			For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 2	9.00
Event Description Concert at Hollywood Bo		07	,10 ,14	
Provide Title/Expla		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	lharmonic	
			Name of Sou	Irce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina	
			Official's Name (L	ast, First)
. Recipients				apar somethi somethi
Use Section A to identify the agency's department or u	Number of	e storing a report of some bearing	And the second second second second second	1. N. 434, 10 Table 25, 19 June 27, 19 July 25, 19 Jul
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1 453(43)		And a supplied of the supplied	e statistica de la propieta de la composición de la composición de la composición de la composición de la comp
B. Name of Individual	Number of		ANNELL MARKET PAR	a Baranina
(Lest First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other	income
		If checking "Ceremon	ial Role" or "Other" describe below:	
			 	
		Ceremonial Role	Other Garage Of the Control of the C	Income
			ar rule or other describe below.	
C. Name of Outside Organization	Number of		्राचित्र का स्थान (१९५०) व्यवस्था है। इ.स.च्या १९५० (१९५५) है।	
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o 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.				
Verification		<u> </u>		
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set for	orth above is in accordance with	the requirements
	na Uribe		et Administrator	7/21/10
Signature of Agency Head or Designee	Print Nam		Title	
	·······································		THE	(Month, Day, Year)
Comment				

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Documen	
1. Agency Name	Agency Name				
Los Angeles County Board of Supervisors	5		Sur an Septimos Africano	California Form 802	
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
First District	First District				
Designated Agency Contact (Name, Title)					
Avianna Uribe, Ticket Administrator	20 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10				
Area Code/Phone Number			Amendment (Must p	provide explanation in Part 3.)	
(213) 974-4111 Molina@lac	bos.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			·		
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00	
Event Description Concert at Hollywood E		Date(s) 07	.10 14		
Provide Title/Exp	olanation				
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	lharmonic Name of So	urce	
Was ticket distribution made at the behest	No□ Yes	¥ If yes: Supe	rvisor Gloria Molina		
of agency official?	110 🔁 100	a li yes.	Official's Name (Last, First)	
. Recipients					
Use Section A to identify the agency's department or		ction B to identify an Individu	The same of the sa		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
		Ceremonial Role	Other 🔲	Income 🔲	
		The second secon	ial Role" or "Other" describe below:	mome	
		Ceremonial Role	Other	Income	
		If checking "Ceremoni	al Role" or "Other" describe below:		
	Number of		in the spectrum part of the entry	ACCOMENTS OF THE PERSON OF THE	
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant		
Concerned Neighbors of El Sereno 3118 Lowell Ave., LA, CA 90032	20	Per Ticket Policy 5.3 (i)			
Community organization			A A A A A A A A A A A A A A A A A A A		
Verification	ــــــالــــــــــــــــــــــــــــــ	<u>J</u>			
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	d 18942. I have ve	arified that the distribution set fo	orth above, is in accordance with	the requirements /	
	nna Uribe		t Administrator	7/21/14	
Signature of Agency Head or Designee	Print Nam	NAME OF TAXABLE PARTY.	Title	(Month, Day, Year)	
(4)		The second secon		y	
Comment:	- 100 -111111				

Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				Form OUZ For Official Use Only
Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)			
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				<u> </u>
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			5	
	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 2	2.00
Event Description Concert at Hollywood Bo	wl	Date(s) 07	10 14	
Ti-L-WAYD(-)	Yes□ No	× If no:	lharmonic	
rional(e)/r dee(ee) provided by against.	Tes NO	_	Name of Sou	Irce
Was ticket distribution made at the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?			Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	Ial. a Use Section C to Identi	ify an outeide expeniention
A. Name of Agency, Department or Unit	Number of Ticket(s)/	g killing at Kinggist, in Providing Page	lic purpose made pursuant	1.5.49, There's a type 7
	Pass(es)			
				19.
B. Name of Individual	Number of			a Bolatico c
dest First)	Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Departing the aut	lic purpose made pursuant t	
(include address and description)	Pass(es)	Describe trie pub		o the agency's policy
Eagle Rock Recreation Center	20			
1100 Eagle Vista Dr., LA, CA 90041 •	30	Per Ticket Policy 5.3 (i)		
Offers recreational, physical & cultural				
opportunities to the community.				
. Verification				
I have read/and understand FPPC Regulations 18944.1 and 1				the requirements./
	a Uribe		et Administrator	
Signature of Agency Head or Designee	Print Name	e	Tille	(Month, Day, Year)
Comment:				

Ceremoniai Role Event	s and lici	KevPass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles County Board of	Supervisors				Form OUZ
Division, Department, or Region	on (If Applicable)				For Official Use Only
First District					
Designated Agency Contact (A	lame, Title)]	
Avianna Uribe, Ticket Admini	strator			[] Amandmans ##	
	E-mail				provide explanation in Part 3.)
(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform					22.00
Does the agency have a ticket	<u> </u>	Yes⊠ No	Face Value of	TEACH TICKET Pass \$ L	2.00
LACIII DESCIDIOII	Hollywood Bo		Date(s) 07	,10 ,14	
	_		LA Phi	lharmonic	
Ticket(s)/Pass(es) provided by	agency?	Yes No	ĭ If no:	Name of Sc	urce
Was ticket distribution made at	the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?			,	Official's Name (Last, First)
3. Recipients	3000				
Use Section A to identify the agency'	s department or u	nit. • Use Se Number of	ction B to identify an Individu	ial. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		rass(es)		And the Analysis of the	
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)			
			Ceremonial Role If checking "Ceremon	Other describe below:	Income
			Ceremonial Role	Other	Income
Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and desci	ipuonj	Pass(es)		grand and the second of the se	
East Los Angeles Boys & Girls Clu		30	Per Ticket Policy 5.3 (i		
324 N. McDonnell Ave., LA, CA 90	022		rei ficket Folicy 5.5 (i,		
Provides youth services.					
. Verification			J		
i have read/and understand FPPC Regulat	ions 18 <u>944.1 and 1</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
1, /	Aviann	a Uribe	Ticke	et Administrator	17/31/19
Signature of Agency Head or Designee		Print Nam	ne	Tille	(Month, Day, Year)
Comment:					A management of the second of
- VITHIOTING			A STATE OF THE PARTY OF THE PAR		

_					A Public Documen
1.	Agency Name			Date Stamp	California 802
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable)			-	For Official Use Only
	First District				
	Designated Agency Contact (Name, Title)			1	
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(213) 974-4111 Molina@lacbo	os.ora		Date of Original Filing:	
	Function or Event Information				(Month, Day, Year)
		Yes⊠ No	T Face Value o	of Each Ticket/Pass \$.00
	Canada Allallania al Da	ALCOHOLD IN THE PARTY OF THE PA			
	Event Description Concert at Hollywood Bo Provide Title/Explai	-	Date(s) 07	,10 ,14	
	Ti-late No.		I A Phi	lharmonic	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: □ If	Name of Sour	се
	Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?	140- 163	□ li yes. □	Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or use	nit. • Use Sec	ction B to identify an Individu	ual. • Use Section C to Identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Extragal Constitution of the Sec.	lic purpose made pursuant to	N. 40a. Tanaka na kupa na miningan na mini
		Pass(es)			
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)	North Contract	Identify one of the following	J.
			Ceremonial Role	Other	Income
			If checking "Ceremon	iel Role" or "Other" describe below:	
			Ceremonial Role	Other	
			NAME OF THE PROPERTY OF THE PR	ial Role" or "Other" describe below:	Income
					Name of the state
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant to	the aconavia noticy
	(include address and description)	Pass(es)			ute agency's policy
	Evangelical Formosan Church LA	20			
	9537 Telstar Ave., #101, El Monte, CA 91731 🖪	30	Per Ticket Policy 5.3 (i)	
	Provides services to the community.				8
	Verification		<u> </u>		
1	have read and understand FPPC Regulations 18 <u>944.1 and 1</u>	18942. I have ve	erified that the distribution set for	orth above, is in accordance with t	he requirements.///
	Aviann	a Uribe	Ticke	et Administrator	7/21/14
	Signature of Agency Head or Designee	Print Nam	e L	Title	(Month, Day, Year)
	·				
-	Comment:				

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp			
	Los Angeles County Board of Supervisors	•	Form 802		
	Division, Department, or Region (If Applicable))			For Official Use Only
	First District	irst District			
	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 29	9.00
	Event Description Concert at Hollywood Bo		Date(s) 07	,10 14	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	ĭf no: LA Phi	lharmonic Name of Sou	rce
	Was ticket distribution made at the behest	No□ Yes	✓ If yes: Supe	rvisor Gloria Molina	
	of agency official?			Official's Name (La	est, First)
3.	Recipients				
	Use Section A to identify the agency's department or use.		ction B to identify an Individu	ial. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
					- salesas de arguntes de artigado
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	q:
		Pass(es)			
	,		Ceremonial Role If checking "Ceremoni	Other iel Role" or "Other" describe below:	Income
			- Control of the Cont		
			Ceremonial Role	Other	Income
				ial Role" or "Other" describe below:	
7	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
,		Pass(es)			
Hathaway Children and Family Services			Per Ticket Policy 5.3 (i)		
	840 N. Avenue 66, Los Angeles, CA 90042				
	Provides services to children and families.				
-	Verification	4	'		
1	have read and inderstand FPPC Regulations 18944.1 and		adfied that the distribution set fo	orth above, is in accordance with	the requirements. / /
	Avianr	na Uribe	Ticke	et Administrator 7/31/10	
	Signature of Agency Head or Designee	Print Nam	e	Tille	(Month, Day, Year)
	Comment				
	Comment:				

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				TOTAL -
Division, Department, or Region (If Applicable)				For Official Use Only
First District	W			
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 2	9.00
Event Description Concert at Hollywood Bo		07	,10 ,14	
Provide Title/Expla		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phil	lharmonic	
			Name of Sou	Irce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (L	
			Official's Name (L	ast, First)
3. Recipients	N O			
Use Section A to identify the agency's department or u	Number of	A CONTRACTOR OF CASE AND		7 (44)
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	7, 255(65)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
(Last, First)	Pass(es)		identity one of the jollowi	19:
		Ceremonial Role	Other C	Income
		If Checking "Ceremoni	ial Role" or "Other" describe below:	
Ry Comment of the Com		Ceremonial Role	Other _	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant l	to the agency's policy
	rassies).			
Highland Park Neighborhood Council 338 N. Avenue 52, LA, CA 90042	22	Per Ticket Policy 5.3 (i))	
338 N. Avenue 52, LA, CA 90042				
Community organization.				
		<u> </u>		
. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set for	orth ahove is in accordance with	the requirements /
	na Uribe		et Administrator	7/21/14
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
				pwonus, Day, Tear)
Comment:			9	TO DESCRIPTION OF THE PARTY OF

A Public Document 1. Agency Name Date Stamp California **Form** Los Angeles County Board of Supervisors For Official Use Only Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-4111 Molina@lacbos.org (Month, Day, Year) 2. Function or Event Information 22.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 10 Concert at Hollywood Bowl **Event Description** Date(s) Provide Title/Explanation A Philharmonic Ticket(s)/Pass(es) provided by agency? Yes No X Supervisor Gloria Molina No Yes Was ticket distribution made at the behest If yes: of agency official? 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other __ Income ... If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Highland Park Neighborhood Council 8 Per Ticket Policy 5.3 (i) 338 N. Avenue 52, LA, CA 90042 Community organization. Verification I have read and unde FPPC Regulations 18<u>944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements</u> Avianna Uribe Ticket Administrator Signature of Agency Head or Designee Print Name Title (Month, Day Year) Comment

Date Concert Molina@lacbos.org Date	Name of Source Gloria Molina Official's Name (Last, First)
Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail	mendment (Must provide explanation in Part 3.) of Original Filing: (Month, Day, Year) Ticket/Pass \$ 29.00 Id Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail	mendment (Must provide explanation in Part 3.) of Original Filling: (Month, Day, Year) Ticket/Pass \$ 29.00 Ticket/Pass \$ Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail	Ticket/Pass \$ 29.00 Ticket/Pass \$ Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Date Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Event Description Concert at Hollywood Bowl Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Philharmone Was ticket distribution made at the behest No Yes If yes: Supervisor of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an Individual. LA Philharmone A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purp Pass(es) Ceremonial Role Identify Ceremonial Role Ident	Ticket/Pass \$ 29.00 Ticket/Pass \$ Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
Area Code/Phone Number E-mail	Ticket/Pass \$ 29.00 Ticket/Pass \$ Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
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Function or Event Information Does the agency have a ticket policy? Event Description Concert at Hollywood Bowl Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest no yes If yes: Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Describe the public purp Pass(es) Number of Ticket(s)/Pass(es) Ceremonial Role	Ticket/Pass \$ 29.00 Ticket/Pass \$ Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
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Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) B. Name of Individual (Less First) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Ceremonial Role	Onic Name of Source Gloria Molina Official's Name (Last, First) se Section C to identify an outside organization.
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) B. Name of Individual (Less First) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Ceremonial Role	Name of Source Gloria Molina Official's Name (Last, First) se Section C to Identify an outside organization.
Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Ceremonial Role	Name of Source Gloria Molina Official's Name (Last, First) se Section C to identify an outside organization.
of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Ceremonial Role	Gloria Molina Official's Name (Last, First) se Section C to identify an outside organization.
of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Ceremonial Role	Official's Name (Last, First) se Section C to identify an outside organization.
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section B to identify an Indiv	se Section C to identify an outside organization.
Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Ceremonial Role	Constant the constant that Take a superior of the
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Constant the constant that Take a superior of the
B. Name of Individual Number of Ticket(s)/ Pass(es) Identification (Lest First) Identi	
S. Name of Individual Ticket(s)/ Pass(es) Identi Ceremonial Role	process of the second of the s
S. Name of Individual Ticket(s)/ Pass(es) Identi Ceremonial Role	
S. Name of Individual Ticket(s)/ Pass(es) Identi Ceremonial Role	
S. Name of Individual Ticket(s)/ Pass(es) Identi Ceremonial Role	
(Lest Fire) Pass(es) Ceremonial Role	***
Ceremonial Role	y one of the following:
If checking "Ceremonial Role" o	Other Income
	The state of the s
Annual Date D	
Ceremonial Role # checking "Ceremonial Role" or	Other Income Inc
Name of Outside Organization Number of Ticket(s)/ Describe the public purp	ose made pursuant to the agency's policy
(include address and description) Pass(es) Describe the public purp	
Highland Park Senior Citizen Center	
5152 N. Figueroa St., LA, CA 90042	
rovides services to seniors.	
/erification	
have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above	1 /
Avianna Uribe Ticket Adm	e, is in accordance with the requirements.
Signature of Agency Head or Designee Print Name	
Comment:	

C	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California QA2
	Los Angeles County Board of Supervisors					Form 802
	Division, Department, or Region (If Applicable)					For Official Use Only
	First District		10 N			
	Designated Agency Contact (/	Vame, Title)			1	
	Avianna Uribe, Ticket Admin	istrator				
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	
2. Function or Event Information						(Month, Day, Year)
	Does the agency have a ticket	policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	2.00
					.09 .14	
	Lvent Description	Provide Title/Expla	The second secon	Date(s) 07		
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No	If no: LA Phi	lharmonic	
	0000000 5000 50 50		103 140		Name of Sou	urce
	Was ticket distribution made at	the behest	No 🔲 Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients				,	
	Use Section A to identify the agency	's department or u	Number of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)					
	B. Name of Individual		Number of			
	(Last, First) Ticket(s)/ Pass(es)				Identify one of the following	ng:
				Ceremonial Role	Other	Income 🔲
				If checking "Ceremoni	al Role" or "Other" describe below:	
				Ceremonial Role	Other U	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
Į						
	Name of Outside Organiz (include address and description)		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy
1		, , ,	Pass(es)			
	A Cleaner Greener ELA	c	24	Per Ticket Policy 5.3 (i)		
I	6635 E. Florence Ave., #307, Bell (Gardens, CA 🛨		1 c. Hekeel one) 5.5 (1)		
	Non-profit organization improvin					
_	for East Los Angeles by planting t	rees #				
	Verification have read and understand FPPC Regulat	tions 180// 1 and	18042 have	officed that the distribution of a		, ,
,	nave read and uniderstand FFFC Regulat		na Uribe			the requirements.
	Signature of Agency Head or Designee		Print Nam		t Administrator	17/3//19
	Trigoney rised of Designor		i iiik iyam	U	Title	(Month, Day Year)
(Comment:					
				F	PPC Toll-Free Halnling: 95	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Ceremonial Role Events and	d Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
Los Angeles County Board of Super	visors		Vicedau35 - Vide-49 Villa (1888) - •	Form 802
Division, Department, or Region (If Ap	pplicable)			For Official Use Only
First District		0.00	1	
Designated Agency Contact (Name, Tit	le)			
Avianna Uribe, Ticket Administrator	,	7.00		
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	a@lacbos.org	<u> </u>	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			ı	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	4.00
Event Description Concert at Hollyw			.09 14	
Event Description Provide 7	Title/Explanation	Date(s) 07		
Ticket(s)/Pass(es) provided by agency	y? Yes□ No	If no: LA Phi	lharmonic Name of So	urce
Was ticket distribution made at the be	hest No Yes	If yes: Supe	rvisor Gloria Molina	
of agency official?	Note 140 de 165	if yes:	Official's Name (I	Last, First)
3. Recipients				
Use Section A to identify the agency's departr	ment or unit. • Use Se	ction B to identify an individu	ıal. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	r ass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	
(Last, First)	Pass(es)		identity one of the jollowi	ilge
		Ceremonial Role	Other In Oth	Income
		in checking Colonion	al Role of Other describe pelow:	
		Ceremonial Role	Other Grant Collection of the	Income 🔲
		in checking octomers	errore or other describe below.	
C. Name of Outside Organization	Number of Ticket(s)/		lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			a de la company
A Cleaner Greener ELA	. 6	Per Ticket Policy 5.3 (i		
6635 E. Florence Ave., #307, Bell Gardens	s, CA 🕶	Per Ticket Policy 5.5 (I)	
Non-profit organization improving air qu for East Los Angeles by planting trees	uality			
. Verification		L		
I have read and understand FPPC Regulations 189	44.1 and 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
1/ /	Avianna Uribe		et Administrator	7/31/14
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				