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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Concert at Disney Hall
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19444.2. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title
Comment:
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

**Division, Department, or Region (If Applicable):**
First District

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

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

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass:** $168.00
- **Event Description:** Concert at Disney Hall
- **Date(s):** 08 14 14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
- **If no:** LA Philharmonic
- **If yes:** Supervisor Gloria Molina

#### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Youth Center, 100 West Clary Ave., San Gabriel, CA 91776</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
</tbody>
</table>

#### 4. Verification

I have read and understand FPPC Regulations 19344.1 and 19345. I have verified that the distribution set forth above is in accordance with the requirements.

- **Avianna Uribe**
- **Ticket Administrator**

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date:** 8/23/14

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 868/ASK-FPPC (868/276-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 168.00  
Event Description Concert at Disney Hall  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
Date(s) 08 16 14  
If yes:  
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐  
If yes: Supervisor Gloria Molina  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency's policy

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

   Ceremonial Role ☐ Other ☐ Income ☐  
   [If checking "Ceremonial Role" or "Other" describe below:]  

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

Bilingual Foundation of the Arts  
201 N. Los Angeles St., Suite 12, LA, CA 90012  
2 ☑ Per Ticket Policy 5.3 (i)

Community organization.

4. Verification  
I have read and understand FPPC Regulations 19444 and 19446. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

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

#### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [x] No [ ]
- Face Value of Each Ticket/Pass: $168.00
- Event Description: Concert at Disney Hall
- Date(s): 08/22/14
- Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
- If no: LA Philharmonic
- Name of Source: Supervisor Gloria Molina
- If yes: Supervisor Gloria Molina

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Etc., Pos)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japanese American Cultural Center 244 S. San Pedro St., Los Angeles, CA 90012</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Community organization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
I have read and understand FPPC Regulations 19444.1 and 19445. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Ticket Administrator
Title: [ ]
Date: 8/29/14

Comment: [ ]

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

1. Agency Name

Los Angeles County Board of Supervisors
Division, Department, or Region (If Applicable)
First District
Described 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 1.):
Date of Original Filing:

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Concert at Disney Hall
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no:
LA Philharmonic
Name of Source:
If yes:
Supervisor Gloria Molina
Official's Name (Last, First)
Face Value of Each Ticket/Pass $168.00
Date(s) 08-24-14

3. Recipients

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
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

4. Verification

I have read and understood FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Ticket Administrator
Print Name

Comment:

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

Ceremonial Role Events and Ticket/Pass Distributions

**Agency Name:** Los Angeles County Board of Supervisors

**Division, Department, or Region (if applicable):** First District

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

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

**Face Value of Each Ticket/Pass $36.00**

**Date(s):** 08 01 14

**Event Description:** Dodger Game

**Ticket(s)/Pass(es) provided by agency: Yes**

**Was ticket distribution made at the behest of agency official: Yes**

**Ceremonial Role Events and Ticket/Pass Distributions**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ito, Leslie</td>
<td>2</td>
<td>Ceremonial Role Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>C. Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Pass(es):</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

I have read and understand FPPC Regulations 18644.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.

Signature or Agency Head or Designee: Avianna Uribe
Print Name: 
Title: Ticket Administrator

Date: 8/29/14

Comment: 

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

1. Agency Name
Los Angeles County Board of Supervisors

Division, Department, or Region (if Applicable)
First District

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

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

Date Stamp

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

Event Description Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s) 08 02 14

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

If no: Los Angeles Dodgers

Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

If yes: Supervisor Gloria Molina

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)
Quinones, Dennis

Number of Ticket(s)/Pass(es) 2

Ceremonial Role ☐ Other ☑

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

Per Ticket Policy 5.3 (h)

Ceremonial Role ☐ Other ☐

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

C. Name of Outside Organization (Include address and description)

Number of Ticket(s)/Pass(es)

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

4. Verification
I have read and understand FPPC Regulations 19541.1 and 19542. 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

Title Ticket Administrator

Date 8/29/14 (Month, Day, Year)

Comment:

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

1. Agency Name  
Los Angeles County Board of Supervisors  

Division, Department, or Region (If Applicable)  
First District  

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

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

Date Stamp California Form 802  
For Official Use Only  

Amendment (Must provide explanation in Part 3)  

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

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

Event Description  
Dodger Game  

Face Value of Each Ticket/Pass $ 36.00  

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
If no:  
Los Angeles Dodgers  
Name of Source:  

Was ticket distribution made at the behest of agency official? No [ ] Yes [x]  
If yes:  
Supervisor Gloria Molina  
Official's Name (Last, First)  

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

A. Name of Agency, Department or Unit  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency's policy  

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

- Ceremonial Role [ ]  
- Other [x]  
Income [ ]  

If checking "Ceremonial Role" or "Other" describe below:  
Per Ticket Policy 5.3 (h)  
Ceremonial Role [ ]  
Other [ ]  
Income [ ]  

If checking "Ceremonial Role" or "Other" describe below:  

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

4. Verification  
I have read and understand FPPC Regulations 18544.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.  

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

Comment:  

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description
     - Dodger Game
   - Face Value of Each Ticket/Pass
     - $36.00
   - Date(s)
     - 08 04 14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Name of Sponsor
     - Los Angeles Dodgers
   - If yes:
     - Official’s Name (Last, First)
     - Supervisor Gloria Molina
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors Employee
   - Number of Ticket(s)/Pass(es)
     - 2
   - Describe the public purpose made pursuant to the agency’s policy
     - Per Ticket Policy (k)

   **B. Name of Individual**

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

4. **Verification**
   I have read and understand FPPC Regulations 19944.1 and 19942. 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
   8/29/14

   Comment:

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

1. **Agency Name**
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description:** Dodger Game
   - **Face Value of Each Ticket/Pass:** $36.00
   - **Date(s):** 08 05 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - [ ] Ceremonial Role
   - [x] Other
   **Income**
   **Per Ticket Policy 5.3 (h)**
   **Ceremonial Role**
   [ ] Other
   **Income**

   **Martinez, Valentina**
   **2**

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

4. **Verification**
   I have read and understand FPPC Regulations 19441.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

   [Signature of Agency Head or Designee] Avianna Uribe
   [Print Name] Ticket Administrator
   [Title] 8/29/17

   **Comment:**

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Dodger Game
Face Value of Each Ticket/Pass $36.00
Date(s) 08 15 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
Name of Source
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit 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) Ceremonial Role ☐ Other ☒ Income ☐
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
I have read and understand FPPC Regulations 19541.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe Ticket Administrator 8/29/14
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (if Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number  E-mail
   (213) 974-4111  Molina@lacbos.org
   Date Stamp  California Form 802

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No □
   Event Description  Dodger Game
   Face Value of Each Ticket/Pass $  36.00
   Date(s)  08  16  14
   Ticket(s)/Pass(es) provided by agency?  Yes □  No □
   Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official?  No □  Yes □
   Supervisor Gloria Molina
   Official's Name (Last, First)

3. Recipients
   Use Section B to identify an individual.  Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Employee  2  Per Ticket Policy (k)

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:  Ceremonial Role □  Other □  Income □
      If checking "Ceremonial Role" or "Other" describe below:

      Ceremonial Role □  Other □  Income □
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19644 1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee  Avianna Uribe  Print Name  Ticket Administrator
   Title

Comment:

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

1. Agency Name
   Los Angeles County Board of Supervisors

   Division, Department, or Region (If Applicable)

   First District

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

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

   Date Stamp

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

   Event Description
   Dodger Game

   Provide Title/Explanation

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

   Face Value of Each Ticket/Pass $36.00

   Date(s)  08/17/14

   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☑

   Name of Source
   Los Angeles Dodgers

   Name of Official
   Supervisor Gloria Molina

   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

      Los Angeles County Employee  2  Per Ticket Policy (k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee

   Print Name

   Title

   (Month, Day, Year)

   Comment:

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

**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 Information**

**Does the agency have a ticket policy?** Yes ☑ No ☐

**Event Description**
Dodger Game

**Face Value of Each Ticket/Pass $**
36.00

**Date(s)**
08 19 14

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

**If no:** Los Angeles Dodgers

**Name of Source**

**If yes:** Supervisor Gloria Molina

**Official's Name (Last, First)**

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

**A. Name of Agency, Department or Unit**
Board of Supervisors Employee

**Number of Ticket(s)/Pass(es)**
2

**Describe the public purpose made pursuant to the agency's policy**
Per Ticket Policy (k)

**B. Name of Individual**

**Number of Ticket(s)/Pass(es)**

**Identify one of the following:**

Ceremonial Role ☐ Other ☐ Income ☐

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role ☐ Other ☐ Income ☐

If checking "Ceremonial Role" or "Other" describe below:

**C. Name of Outside Organization**

**Number of Ticket(s)/Pass(es)**

**Describe the public purpose made pursuant to the agency's policy**

**4. Verification**
I have read and understand FPPC Regulations 19544.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

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

**Print Name**
Ticket Administrator

**Title**

**Date**
5/29/14

(Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)

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

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 E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes [X] No  

Event Description: Dodger Game
Face Value of Each Ticket/Pass $36.00
Date(s) 08 20 14

Ticket(s)/Pass(es) provided by agency? Yes [X] No  

Los Angeles Dodgers
Name of Source: 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification

I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment:

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

1. Agency Name

Los Angeles County Board of Supervisors

2. Function or Event Information

Does the agency have a ticket policy? Yes [x] No [ ]

Event Description: Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s): 08 21 14

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]

Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

3. Recipients

A. Name of Agency, Department or Unit

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

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

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

4. Verification

I have read and understood FPPC Regulations 19444 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature]

Print Name: Avianna Uribe

Title: Ticket Administrator

Date: 08/29/11

Comment: [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 E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description [Dodger Game]
Provide Title/Explanation
Face Value of Each Ticket/Pass $ 36.00
Date(s) 08 22 14
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy (k)</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>


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


4. Verification
I have read and understand FPPC Regulations 18644.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: 

FPDC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name

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

### 2. Function or Event Information

| Does the agency have a ticket policy? | No | Face Value of Each Ticket/Pass |
| --- | --- | 36.00 |
| Event Description | Dodger Game |
| Date(s) | 08 23 14 |
| Ticket(s)/Pass(es) provided by agency? | Yes | Los Angeles Dodgers |
| Was ticket distribution made at the behest of agency official? | No | Supervisor Gloria Molina |

### 3. Recipients

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

#### A. Name of Agency, Department or Unit

| Board of Supervisors Employee |
| Number of Ticket(s)/Pass(es) |

#### B. Name of Individual

| Income | Ceremonial Role | Other |

#### C. Name of Outside Organization

| Income | Ceremonial Role | Other |

### 4. Verification

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

| Signature of Agency Head or Designee | Print Name | Title |

Comment: