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

1. Agency Name
   Los Angeles County Board of Supervisors
   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: Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s): 08 29 14 09 28 14

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

   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   If yes: Supervisor Gloria Molina

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

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

    B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
    |                                |                                 | Ceremonial Role [ ] Other [ ] Income [ ]
    |                                |                                 |
    |                                |                                 |

    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
    Arbol Verde Preservation 462 Grinnell Dr., Unit D, Claremont, CA 91711 | 4 | Per Ticket Policy 5.3 (i)
    Non-profit historic Arbol Verde neighborhood committee.

4. Verification
   I have read and understand FPPC Regulations 19444 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Avianna Uribe  Ticket Administrator  9/30/14
   Signature of Agency Head or Designee
   Print Name
   Title
   Month, Day, Year

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14 09 28 14
If no: Fairplex
If yes: Supervisor Gloria Molina
Name of Source
Official’s Name (Last, First)

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 (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role [ ] Other [ ] Income [ ]

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

Barrio Action
4927 Huntington Dr., LA, CA 90032
4 Per Ticket Policy 5.3 (l)

Community organization providing services to at-risk youth and their families.

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19449. 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
(Month, Day, Year)

Comment:

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

### Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**  
  Los Angeles County Fair  
  Name of Source: Fairplex
- **Ticket(s)/Pass(see) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

### Face Value of Each Ticket/Pass

- **Face Value of Each Ticket/Pass $19.00**  
  Date(s) 08 29 14 09 28 14

### Recipients

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

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

- **C. Name of Outside Organization** (Include address and description)  
  Boyle Heights Neighborhood Council  
  2130 E. First St., #110, LA, CA 90033  
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Per Ticket Policy 5.3 (i)</th>
</tr>
</thead>
</table>

### Verification

I have read and understand FPPC Regulations 18944.1 and 18945. 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: 3/20/14  
(Month, Day, Year)

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

1. Agency Name
   Los Angeles County Board of Supervisors
   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: Los Angeles County Fair
   Face Value of Each Ticket/Pass: $19.00
   Date(s): 08 29 14
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Fairplex
   If yes: 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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

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

   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
      Case 0101
      2102 E. 1st Street, Los Angeles, CA 90033
      4 Per Ticket Policy 5.3 (1)

4. Verification
   I have read and understand FPPC Regulations 19744.1 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: 09/30/19

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:** Los Angeles County Fair
     - Provide Title/Explanation:
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
   - **Face Value of Each Ticket/Pass:** $19.00
   - **Date(s):** 08 29 14
   - **If no:** Fairplex
   - **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.*

<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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] 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>Casa Cultural Saybrook Park 6250 Northside Dr., LA, CA 90022</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Community art program.</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.
   - Signature & Agency Head or Designee: Avianna Uribe
   - 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 E-mail (213) 974-4111
Molina@labcos.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass** $19.00
- **Event Description** Los Angeles County Fair
- **Date(s)** 08/29/14 09/28/14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

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

- **Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - [ ] Ceremonial Role
  - [ ] Other
  - [ ] Income

- **Name of Outside Organization**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**

- **Center for the Art Eagle Rock**
- **2225 Colorado Blvd., LA, CA 90041**
- **4**
- **Per Ticket Policy 5.3 (i)**

### 4. Verification
- **Signature of Agency Head or Designee** Avianna Uribe
- **Print Name** Ticket Administrator
- **Date** 01/30/14
- **Comment**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (885/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description: Los Angeles County Fair
Provide Title/Explanations
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
Face Value of Each Ticket/Pass: $19.00
Date(s): 08-29-14 09-28-14
Name of Source:
Fairplex

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>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
</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>
</table>

Concerned Neighbors of El Sereno
3118 Lowell Ave., LA, CA 90032
4
Per Ticket Policy 5.3 (i)

Community organization.

4. Verification
I have read and understand FPPC Regulations 18444.1 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.
Avianna Uribe
Ticket Administrator

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@lacobos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ No ☑
Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
Face Value of Each Ticket/Pass $ 19.00
Date(s) 08 29 14 09 28 14
If no: Fairplex
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)
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
Danza Floricanto / USA
4232 Whiteside St., LA, CA 90063 4 ☑ Per Ticket Policy 5.3 (i)
Community performing arts organization.

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

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

Comment:

FPPC Form 852 (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@lacsos.org

2. Function or Event Information
Does the agency have a ticket policy? [X] Yes [ ] No
Event Description
Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? [X] Yes [ ] No
Was ticket distribution made at the behest of agency official? [ ] No [X] Yes
Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14 09 28 14
If no: Fairplex
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.

<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>
</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>Ceremony 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>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>Eagle Rock Chamber of Commerce Post Office Box 41354, LA, CA 90041</td>
<td>4</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 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

1. Agency Name
   Los Angeles County Board of Supervisors
   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 $19.00
   Event Description: Los Angeles County Fair
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s): 08 29 14
   If no: Fairplex
   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
      Event, Date
      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

   East LA Council
   437 S. McBride Ave., LA, CA 90022
   4 Per Ticket Policy 5.3 (i)

   Community organization.

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19449. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: [ ]
   Date (Month, Day, Year): 09/30/14

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Los Angeles County Fair
   Date(s) 08 29 14 09 28 14
   Face Value of Each Ticket/Pass $19.00
   Ticket(s)/Pass(see) provided by agency? Yes ☐ No ☑
   If no: Fairplex
   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) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   if checking “Ceremonial Role” or “Other” declare below:
   Ceremonial Role ☐ Other ☐ Income ☐
   if checking “Ceremonial Role” or “Other” declare below:

   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   El Sereno Bicentennial Committee 3746 Locke Ave., LA, CA 90032 4 Per Ticket Policy 5.3 (i)
   Community organization

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe Date: 9/20/19
   Print Name: Ticket Administrator Title:

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

1. Agency Name
Los Angeles County Board of Supervisors

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  Los Angeles County Fair

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

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

Face Value of Each Ticket/Pass $19.00

Date(s) 08  29  14  09  28  14

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  [ ]  Other  [ ]

Income  [ ]

Ceremonial Role  [ ]  Other  [ ]

Income  [ ]

C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy
El Sereno Community Arts  3837 Harriman Ave., LA, CA 90032  4  Per Ticket Policy 5.3 (i)

Community art organization.

4. Verification
I have read and understand FPPC Regulations 19944, 1 and 199442. 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: 03/20/14

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description Los Angeles County Fair
   Date(s) 08/29/14 09/28/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Fairplex
   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) 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
   El Sereno Historical Society Post Office Box 32-113, LA, CA 90032 4 Per Ticket Policy 5.3 (i)
   Community organization.

4. Verification
   I have read and understand FPPC Regulations 18944 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
   Print Name
   Ticket Administrator
   Title
   Date (Month, Day, Year)

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description Los Angeles County Fair
   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 [ ]
   Face Value of Each Ticket/Pass $ 19.00
   Date(s) 08 29 14 09 28 14
   If no: Fairplex
   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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role [ ] Other [ ] Income [ ]**
   **Ceremonial Role [ ] Other [ ] Income [ ]**

   **C. Name of Outside Organization**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   Friends of the East LA Library
   4837 E. 3rd St., LA, CA 90022
   4 Per Ticket Policy 5.3 (i)
   Volunteer support services

4. **Verification**
   I have read and understand FPPC Regulations 19944.1 and 19946. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: Avianna Uribe
   Print Name: Ticket Administrator
   Title:
   (Month, Day, Year)
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
### Agency Report of:

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

**A Public Document**

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
<th>Date Stamp</th>
<th>California Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>(213) 974-4111</td>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
<td></td>
<td>802</td>
</tr>
</tbody>
</table>

#### 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

#### 2. Function or Event Information

- Does the agency have a ticket policy? **Yes**
- Event Description: Los Angeles County Fair
- Ticket(s)/Pass(esse) provided by agency? **Yes**
- Face Value of Each Ticket/Pass $19.00
- Date(s): 08/29/14 09/28/14

#### 3. Recipients

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

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

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

**B. Name of Individual**

<table>
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<th>Number of Ticket(s)/Pass(esse)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>

- Ceremonial Role
- Other
- Income

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

**C. Name of Outside Organization**

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

**Highland Park Chamber/Franklin High Parents**

820 N. Ave. 54, LA, CA 90042

10 Per Ticket Policy 5.3 (i)

- Community organization

#### 4. Verification

I have read and understand FPPC Regulations 19544.1 and 19549. 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: 

Print Name: 

Title: 

Title: 

Date: 6/30/14

Month, Day, Year
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 $  19.00
   Event Description  Los Angeles County Fair
   Date(s) 08 29 14  09 28 14
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [X]
   If no:  Fairplex
   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)
      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
      Highland Park Heritage Trust
      Post Office Box 50894, LA, CA 90041  8
      Per Ticket Policy 5.3 (i)
      Non-profit volunteer committee.

4. Verification
   I have read and understand 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
   Print Name
   Ticket Administrator
   Title
   Date
   9/30/14
   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s): 08/29/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Fairplex
   If yes: Supervisor Gloria Molina
   Name of Source:
   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>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>
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<tbody>
<tr>
<td></td>
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</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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</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>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>Hillside Village Property Owners 4571 Yellowstone St., CA 90032</td>
<td>4</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 19442. I have verified that the distribution set forth above is in accordance with the requirements.

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

   Comment: [Blank]

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 19.00
Date(s) 08 29 14 09 28 14

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, title)
Number of Ticket(s)/ Pass(es)
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

Hollenbeck Youth Center
2015 E. 1st St., LA, CA 90033 4 Per Ticket Policy 5.3 (i)
Provides youth services.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18944. 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 (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 ☑ No ☐
   - Event Description: Los Angeles County Fair
     - Provide Title/Explanation
   - Ticket(s)/Pass(e) provided by agency? Yes ☐ No ☑
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   - Date(s): 09/28/14
   - Face Value of Each Ticket/Pass $: 19.00

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

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

   **B. Name of Individual**
   - (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☑ Income ☐
     - Ceremonial Role ☐ Other ☑ Income ☐
     - Ceremonial Role ☐ Other ☑ Income ☐

   **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
   - Japanese American Citizen League
     - 250 East 1st St., Suite 303, LA, CA 90012
     - 4
     - Per Ticket Policy 5.3 (i)
     - Community organization.

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18949. 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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description: Los Angeles County Fair
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 [ ]
Face Value of Each Ticket/Pass $19.00
Date(s): 08 29 14 09 28 14
If no: Fairplex
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
Name
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
Japanese American Cultural Comm. Center 244 S. San Pedro St., #244, LA, CA 90012 4 Per Ticket Policy 5.3 (i)
Ethnic arts and cultural center.

4. Verification
I have read and understand FPPC Regulations 18444.1 and 18446. 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
(Month, Day, Year)
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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:
     - Los Angeles County Fair
   - Face Value of Each Ticket/Pass $19.00
   - Date(s): 08 29 14 09 28 14
   - Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   - Name of Source:
     - Fairplex
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   - Official's Name (Last, First): Supervisor Gloria Molina

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

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

   **B. Name of Individual (Last, First)**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role [ ]
     - Other [ ]
     - Income [ ]
     - 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
     - Kiwanis Club Montebello
     - 905 W. Olympic, Montebello, CA 90640
     - 8
     - Per Ticket Policy 5.3 (i)
     - Community service organization.

4. **Verification**
   - I have read and understand 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
   - Print Name: Ticket Administrator
   - Title: [ ]
   - Date (Month, Day, Year): 01 30 14

Comment: [ ]

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes** □ **No** □
   - Event Description: Los Angeles County Fair
   - Face Value of Each Ticket/Pass: $19.00
   - Date(s): 08 29 14 09 28 14
   - Ticket(s)/Pass(es) provided by agency? **Yes** □ **No** □
   - If yes: Supervisor Gloria Molina
   - Was ticket distribution made at the behest of agency official? **No** □ **Yes** □

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**
   - LA County Dept. of Parks & Recreation
   - Number of Ticket(s)/Pass(es): 8
   - Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - Name of Individual (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role □ Other □ Income □
     - Ceremony Role □ Other □ Income □
     - Ceremony Role □ Other □ Income □

   **C. Name of Outside Organization**
   - 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 19244.1 and 19242. 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: 9/36/14

Comment:
# Agency Report of:

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

### 1. Agency Name

| Los Angeles County Board of Supervisors |

Division, Department, or Region (If Applicable):

| First District |

Designated Agency Contact (Name, Title):

| Avianna Uribe, Ticket Administrator |

Area Code/Phone Number | E-mail |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(213) 974-4111</td>
<td><a href="mailto:Molina@lacbos.org">Molina@lacbos.org</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information

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

- Event Description: **Los Angeles County Fair**

- Face Value of Each Ticket/Pass $19.00

- Date(s): 08 29 14 09 28 14

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

- If no: Fairplex

- If yes: **Supervisor Gloria Molina**

### 3. Recipients

- **A. Name of Agency, Department or Unit**
  - LA County Dept. of Public Works
  - Number of Ticket(s)/Pass(es): 2
  - Per Ticket Policy 5.3 (k)

- **B. Name of Individual**
  - (Last, First)

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

### 4. Verification

I have read and understand FPPC Regulations 18444 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Print Name: **Ticket Administrator**

Title: **4/30/14**

Comment: **FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Event Description: Los Angeles County Fair
   Face Value of Each Ticket/Pass $ [ ]
   Date(s): [ ]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Fairplex
   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 (Estate, Firm)
      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

   La Puente Women's Club
   200 N. 1st Street, La Puente, CA 91744
   4 Per Ticket Policy 5.3 (i)
   Volunteer support services for the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: 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
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 Los Angeles County Fair
Provide Title/Explanations
Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14 09 28 14
Ticket(s)/Pass(es) provided by agency?
Yes [X] No [ ]
If no:
Name of Source Fairplex
If yes:
Supervisor Gloria Molina
Official's Name (Last, First)

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, Title)
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
LA River Artists and Business Association
215 S. Santa Fe Ave., #2, LA, CA 90012
4 Per Ticket Policy 5.3 (i)
Community art organization.

4. Verification
I have read and understand FPPC Regulations 18444.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe
Title
Ticket Administrator
Print Name
(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
First District
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 Los Angeles County Fair
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14 07 28 14

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Tokyo Historical Society 231 E. Third St., Suite G-105, LA, CA 90013</td>
<td>2 Per Ticket Policy 5.3 (i)</td>
</tr>
</tbody>
</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
Print Name: Ticket Administrator
Title:
Date: 9/30/14

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)