

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

A Public Document

1. Agency Name

Date Stamp

California
Form **802**

For Official Use Only

Los Angeles County Board of Supervisors

Division, Department, or Region (If Applicable)

First District

Designated Agency Contact (Name, Title)

Avianna Uribe, Ticket Administrator

Area Code/Phone Number

E-mail

(213) 974-4111

Molina@lacbos.org

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08 29 14 09 28 14

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Little Tokyo Service Center 231 E. Third St., Suite G-106, LA, CA 90012 +	4	Per Ticket Policy 5.3 (i)
Provides services to the community.		

4. Verification

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

Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

9/30/14
(Month, Day, Year)

Comment:

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

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Fairplex
Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		
		
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Montecito Heights Improvement 1004 Montecito Dr., LA, CA 90031	4	Per Ticket Policy 5.3 (i)
Community organization.		

4. Verification

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

	Avianna Uribe	Ticket Administrator	9/30/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00		
Event Description	Los Angeles County Fair	Date(s)	08	29	14
Provide Title/Explanation			09	28	14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex		
			Name of Source		
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina		
			Official's Name (Last, First)		

3. Recipients

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

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

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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Neighborhood Music School 358 S. Boyle Ave., Los Angeles, CA 90033	2	Per Ticket Policy 5.3 (i)
Non-profit organization providing music lessons to the youth in the community.		

4. Verification

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Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

9/30/14

(Month, Day, Year)

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☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08 / 29 / 14

09 / 28 / 14

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
North Whittier Neighborhood Watch 3727 W. 6th St., LA, CA 90020	4	Per Ticket Policy 5.3 (i)
Advocates for safe neighborhoods.		

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

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

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08 / 29 / 14 09 / 28 / 14

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pellessier Village Neighborhood Watch 2209 Mardel Ave., Whittier, CA 90601	4	Per Ticket Policy 5.3 (i)
Advocates for safe neighborhoods.		

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

9/30/14

(Month, Day, Year)

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

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00
Event Description	Los Angeles County Fair	Date(s)	08 / 29 / 14 09 / 28 / 14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
		Official's Name (Last, First)	

3. Recipients

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

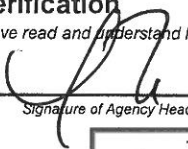
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B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Pico Rivera Neighborhood Watch 4324 Deland Ave., Pico Rivera, CA 90660	6	Per Ticket Policy 5.3 (i)
Advocates for safe neighborhoods.		

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	9/30/14 (Month, Day, Year)
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Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacbos.org		

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00
Event Description	Los Angeles County Fair	Date(s)	08/29/14 09/28/14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
		Official's Name (Last, First)	

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pomona Habla 260 S. Garey Ave., Pomona, CA 91766	4	Per Ticket Policy 5.3 (i)
Community organization.		

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	Date
	Avianna Uribe	Ticket Administrator	9/30/14
Comment:			

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(213) 974-4111	Molina@lacbos.org		

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00
Event Description	Los Angeles County Fair	Date(s)	08/29/14 09/28/14
	<small>Provide Title/Explanation</small>		
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex
			<small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
			<small>Official's Name (Last, First)</small>

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pomona Optimist Breakfast Club 3227 Flaxton St., Pomona, CA 91767	8	Per Ticket Policy 5.3 (i)
Serving the youth in the community.		

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	Date
	Avianna Uribe	Ticket Administrator	9/30/14
Comment: _____			

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

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00
Event Description	Los Angeles County Fair	Date(s)	08 / 29 / 14 09 / 28 / 14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
		Official's Name (Last, First)	

3. Recipients

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Relay for Life Cancer Run Post Office Box 128, Pomona, CA 91769	9	Per Ticket Policy 5.3 (i)
Organization bringing awareness to cancer.		

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

9/30/14

(Month, Day, Year)

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(213) 974-4111	Molina@lacbos.org	Date of Original Filing: (Month, Day, Year)	

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? 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
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <div style="border: 1px solid black; height: 20px;"></div>

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Resurrection Church 3324 Opal St., LA, CA 90023	4	Per Ticket Policy 5.3 (i)
Providing services to the community.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

4. Verification

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

 <small>Signature of Agency Head or Designee</small>	Avianna Uribe <small>Print Name</small>	Ticket Administrator <small>Title</small>	9/30/14 <small>(Month, Day, Year)</small>
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E-mail

Molina@lacbos.org

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08 29 14

09 28 14

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

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		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
San Gabriel Valley Conservation Corp. 23226 Montura Dr., Diamond Bar, CA 91765 +	4	Per Ticket Policy 5.3 (i)
Organization assisting disadvantaged youth.		

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

9/30/14

(Month, Day, Year)

Comment:

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

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

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair
Provide Title/Explanation

Date(s) 08 29 14 09 28 14

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

If no: Fairplex

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


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

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

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Sunshine Park Neighborhood Watch 235 S. Sandalwood, La Puente, CA 91744	6	Per Ticket Policy 5.3 (i)
Advocates for safe neighborhoods.		

4. Verification

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

	Avianna Uribe	Ticket Administrator	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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors Division, Department, or Region (If Applicable) First District Designated Agency Contact (Name, Title) Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org			
<input type="checkbox"/> 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: 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? 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:
Shidler, Wally	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

9/30/14
(Month, Day, Year)

Comment:

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

A Public Document

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Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$

Event Description Date(s)
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:
Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Walnut Park Resident's Association 2723 Broadway St., Walnut Park, CA 90255 <input type="text"/>	8	Per Ticket Policy 5.3 (i)
Community organization.	<input type="text"/>	<input type="text"/>

4. Verification

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

Signature of Agency Head or Designee

Avianna Uribe

Print Name

Ticket Administrator

Title

9/30/14
(Month, Day, Year)Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacbos.org		

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00
Event Description	Los Angeles County Fair	Date(s)	08/29/14 09/28/14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
		Official's Name (Last, First)	

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Workman Mill Association 618 Arciero Dr., Whittier, CA 90601	4	Per Ticket Policy 5.3 (i)
Community organization.		

4. Verification

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

Signature of Agency Head or Designee	Avianna Uribe	Ticket Administrator	9/30/14
	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
Area Code/Phone Number	E-mail		
(213) 974-4111	Molina@lacbos.org		

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	19.00
Event Description	Los Angeles County Fair	Date(s)	08 / 29 / 14 09 / 28 / 14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Fairplex
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes:	Supervisor Gloria Molina
		Official's Name (Last, First)	

3. Recipients

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

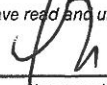
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
YWCA 1020 S. Olive St., 7th Floor, LA, CA 90015	6	Per Ticket Policy 5.3 (i)
Community organization.		

4. Verification

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

 Signature of Agency Head or Designee	Avianna Uribe Print Name	Ticket Administrator Title	9/30/14 (Month, Day, Year)
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Comment:

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

A Public Document

1. Agency Name

Date Stamp

California
Form **802**

For Official Use Only

Los Angeles County Board of Supervisors

Division, Department, or Region (If Applicable)

First District

Designated Agency Contact (Name, Title)

Avianna Uribe, Ticket Administrator

Area Code/Phone Number

E-mail

(213) 974-4111

Molina@lacbos.org

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$

19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08 / 29 / 14

09 / 28 / 14

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ayala, Melissa	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

9/30/14

(Month, Day, Year)

Comment:

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

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1. Agency Name

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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

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$ 19.00

Event Description Los Angeles County Fair

Provide Title/Explanation

Date(s) 08/29/14 09/28/14

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

If no: Fairplex

Name of Source

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

If yes: Supervisor Gloria Molina

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Gonzalez, Rubio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per Ticket Policy 5.3 (h)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

9/30/14
(Month, Day, Year)

Comment: