Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen	
1. Agency Name	Date Stamp	California 802			
Los Angeles County Board of Supervisors		220		TOTAL O	
Division, Department, or Region (If Applicable)		1	For Official Use Only	
First District					
Designated Agency Contact (Name, Title)			1		
Avianna Uribe, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information			ŗ		
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ [1	19.00	
Event Description Los Angeles County Fair		Date(s) 08	, 29 , 14	09 28 14	
Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes No⊠ If no:				
Marie Balant Balant Balanta	Name of So	ource			
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (i	l ast First)	
			Onicial S I value (Lest, I listy	
Recipients Use Section A to identify the agency's department or	unit a lisa Sa	ction B to identify an individu	ial a lica Saction C to iden	tifican autoida auronization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
B. Name of Individual	Number of Ticket(s)/				
(Last, First)	Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role	Other _	Income _	
		if checking "Ceremoni	al Role" or "Other" describe below:		
		Ceremonial Role	Other 🔲	Income	
		If checking "Ceremoni	al Role" or "Other" describe below:	111001110	
				- X	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
(morado duariodo diria desarription)	Pass(es)				
Little Tokyo Service Center	4	Per Ticket Policy 5.3 (i)			
231 E. Third St., Suite G-106, LA, CA 90012		rei ficket Folicy 5.5 (i)			
Provides services to the community.					
Verification					
I have read and understand FPPC Regulations 18944.1 and				h the requirements./	
	na Uribe		t Administrator	9/30/14	
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)	
Comment				,	
Comment:				FPPC Form 802 (4/12)	
		F	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				TOIM
Division, Department, or Region (If Applicable)		For Official Use Only		
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fair			. 29 . 14	09 28 14
Provide Title/Expla	nation	Date(s) 08		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple	x	
		_	Name of So	ource
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina	a 15: 0
			Official's Name (Last, First)
. Recipients	nia - Dan Co	-th- in Bit to the second state		
Use Section A to identify the agency's department or u	Number of	and the second s		N. Charles State Control of the Cont
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	t to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ina:
(Last, First)	Pass(es)	A PRACTICAL STAR		
		Ceremonial Role	Other Role" or "Other" describe below:	Income
		is oncoming occurrent	arrole of Other describe palow.	
		Ceremonial Role	Other	Income
		If checking "Ceremonia	al Role" or "Other" describe below:	
C Name of Outside Organization	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
				Control of the Desire of the American
Montecito Heights Improvement 1004 Montecito Dr., LA, CA 90031	4	Per Ticket Policy 5.3 (i)		
	W. C.			
Community organization.				
Verification)		J		
I have read and understand FPPC Regulations 18944.1 and 1	8942. have ve	rified that the distribution set fo	rth above, is in accordance wit	th the requirements.
(// /	a Uribe		t Administrator	9/20/11
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

_	oromomar resid Evolice		NOU! WOU	Diotributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board of S	Supervisors		Form OUZ		
	Division, Department, or Regio	n (If Applicable		For Official Use Only		
	First District		- War			
	Designated Agency Contact (Na	ame, Title)				
	Avianna Uribe, Ticket Adminis	strator	***			
1	Area Code/Phone Number	-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation			1,0	9.00
	Does the agency have a ticket p		Yes No		f Each Ticket/Pass \$	9.00
	Event Description Los Angeles	County Fair Provide Title/Expla	anation	Date(s) 08	, 29 , 14	09 28 14
	Ticket(s)/Pass(es) provided by a	agency?	Yes□ No	If no:	X	
			162 140		Name of Sou	rce
	Was ticket distribution made at t	he behest	No Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?			5	Official's Name (L	ast, First)
3.	Recipients					-
	Use Section A to identify the agency's	department or u		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	B. Name of Individual		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other Other Other describe below:	Income
				in checking detaillant	ar Note of Other describe below.	
				Ceremonial Role	Other U	
					al Role" or "Other" describe below:	Income
-	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
			Pass(es)			
	Neighborhood Music School 358 S. Boyle Ave., Los Angeles, CA	90033 🛨	2	Per Ticket Policy 5.3 (i)		
	Non-profit organization providing					
_	lessons to the youth in the commu	ınity. 🛨		<u> </u>		
	Verification have read and understand FPPC Regulation	ons 18944 1 and	18942 have ve	orified that the distribution and fo	dh ahaya la in coordeas	the requirements of
,	Indicate and property of the surface		na Uribe		to the court at the court	ure requirements.
	Signature of Agency Head or Designee	Aviani	Print Nam		t Administrator	9/30//9 (Month, Day, Year)
					*	//
(Comment:					

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Documen
. Agency Name		00) Out	Date Stamp	California 802
Los Angeles County Board of Supervisors				rom
Division, Department, or Region (If Applicable)				For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			10	0.00
	Yes⊠ No	The state of the s	f Each Ticket/Pass \$	
Event Description Los Angeles County Fair Provide Title/Expla.	nation	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Fairple	×	
		Cuno	Name of Sour	rce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (Le	act Firef)
			Olivai S Name (Le	ist, riisty
Recipients Use Section A to identify the agency's department or use.	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	v an outside organization
A. Name of Agency, Department or Unit	Number of	y stranks was a feet to the		NAMES OF THE PARTY
A. Name of Agency, Department or Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Numbered			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	g:
	Pass(es)	Ceremonial Role	Other	Income
			al Role" or "Other" describe below:	ilicollie
			–	
		Ceremonial Role If checking "Ceremoni	Other Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
	Pass(es)			
North Whittier Neighborhood Watch	4	Per Ticket Policy 5.3 (i)		
3727 W. 6th St., LA, CA 90020		, , , , , , , , , , , , , , , , , , , ,		
Advocates for safe neighborhoods.				
Verification		μ		
I have read and understand FPPC Regulations 18944.1 and 1	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements. /
	a Uribe		et Administrator	9/20/14
Signature of Agency Head or Designee	Print Nam	e L	Tille	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)
		F	PPC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-7772)

eremonial Role Events and Ti	cket/Pass	Distributions		A Public Documen
. Agency Name		7.07 AFFECT A 10.00 A 300	Date Stamp	California 802
Los Angeles County Board of Supervisor				
Division, Department, or Region (If Application)	ble)]	For Official Use Only
First District				
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator	-X			
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111 Molina@la	cbos.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			<u>.</u> Г.	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description Los Angeles County Fa	The second secon	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	Fairple	ex	
	_	_	Name of So	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina	" - t 5'-0
			Official's Name (I	Last, First)
Recipients				
Use Section A to identify the agency's department of	Number of	ction B to identify an individu	ial. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	A. Name of Agency, Department or Unit Ticket(s)/ Describe the pub			t to the agency's policy
	Fass(es)			
1				
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
			 	
		Ceremonial Role	Other	Income
		in one only	arraic of other describe below.	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			
Pellessier Village Neighborhood Watch	4	Day Fielest Dalias 5 3 (i)		
2209 Mardel Ave., Whittier, CA 90601	Per Ticket Policy 5.3 (i)			
	٦			
Advocates for safe neighborhoods.				
Verification				
I have read and understand FPPC Regulations 18944.1 ar	have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for			h the requirements.
Avia	nna Uribe	Ticke	et Administrator	9/30/14
Signature of Agency Head or Designee	Print Nam	e	Tille	(Month, Day, Year)
Comment:			77792	EDDO P. COO.
		F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/1: 866/ASK-FPPC (866/275-777)

Seremonial Role Events and Ti	CKETPass	Distributions		A Public Documen
. Agency Name	and the same of the same		Date Stamp	California 802
Los Angeles County Board of Supervisor				Tomi
Division, Department, or Region (If Applicab	le)			For Official Use Only
First District			1	
Designated Agency Contact (Name, Title)			1	
Avianna Uribe, Ticket Administrator	\$000 B		_	<u> </u>
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(213) 974-4111 Molina@lad	bos.org	*	Date of Original Filing	(Month, Day, Year)
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 Fa	ir	Date(s) 08	, 29 , 14	09 28 14
Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Fairple		
14/ 8-1-4-8-62-8		Sund	Name of St Prvisor Gloria Molina	ource
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes:	Official's Name	(Last First)
			omota o realiza	Last, 1 hay
Recipients • Use Section A to identify the agency's department o	runit allea Co	ation D to identify an Individ	und - Han Constant O. 6. 1.1	
	Number of	the state of the state of the state of	Company of the second	The Street Carlotte and the Contract of the Co
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	doa
(Last, First)	Pass(es)		identity one of the follow	ang:
		Ceremonial Role	Other I	Income
		il checking Ceremon	ial Role of Other describe below:	
		Ceremonial Role	Other _	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of .			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	rass(es)			Maragaer A. Bracker
Pico Rivera Neighborhood Watch	6	Per Ticket Policy 5.3 (i)		
4324 Deland Ave., Pico Rivera, CA 90660				
Advocates for safe neighborhoods.				
	Щ			
Verification have read and understand FPPC Regulations 18 <u>944.1 and 18944.1 and 18944.1</u>	d 18042 have	orified that the distribution of	adh abana is is	, ,
<i>r</i> 17 1	o <i>18942. I H</i> ave ve nna Uribe			12-14
Signature of Agency Head or Designee	Print Nam		et Administrator	9/30/14
Signapho vi Agency ricad di Designee	Print Nam	ie.	Title	(Month, Day, Year)
Comment:				

Ceremoniai Role Eve	nts and He	kevPass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles County Board	of Supervisors	10/2			Form OUZ
Division, Department, or Re	gion (If Applicable,	4	For Official Use Only		
First District					s
Designated Agency Contac	t (Name, Title)]	
Avianna Uribe, Ticket Adm	ninistrator			- Amandmant (46-4-	
Area Code/Phone Number	E-mail			1	provide explanation in Part 3.)
(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info				1	9.00
Does the agency have a ticl	cet policy?	Yes⊠ No		of Each Ticket/Pass \$ L	5.00
Event Description Los Ange	eles County Fair Provide Title/Expla	anation	Date(s) 08	29 , 14	09 28 14
Ticket(s)/Pass(es) provided		Yes□ No	if no:	2X	
Tronot(o)/T doo(ob) provided	by agency.	Tes INO	_	Name of So	urce
Was ticket distribution made	at the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
of agency official?				Official's Name (I	_ast, First)
3. Recipients	aguia donament ar i	unit allon Co	otion D to identify on Individu	and the Section Section	
Use Section A to identify the ager A. Name of Agency, Departr		Number of	Contract National Section	Are to print the Maria to the complete.	TARRY Services forms at the con-
Name of Agency, Departi	nent or Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		Number of			
B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other _	Income
			If checking "Ceremon.	ial Role" or "Other" describe below:	
C. Name of Outside Org.	anization	Number of .			
(include address and d		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Pomona Habla					
260 S. Garey Ave., Pomona, CA	A 91766 →	4	Per Ticket Policy 5.3 (i)		
Community organization.					
Vanificatio ()			J		
I have read and understand FPPC Reg	gulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above. is in accordance with	h the requirements / .
$(V)_{\Lambda}$	1	na Uribe		et Administrator	9/30/10
Signatule of Agency Head or Design	ee L	Print Nam		Title	(Month, Day, frear)
Comment:		Washington Co.		Commence of the Commence of th	

C	eremonial Role Even	is and me	Keurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board o	of Supervisors			8	Form OUZ
	Division, Department, or Reg	ion (If Applicable)		-	For Official Use Only
	First District				1	
E.	Designated Agency Contact (Name, Title)				
	Avianna Uribe, Ticket Admir	nistrator		- 1 was		
- 1	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
_	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform				11	9.00
	Does the agency have a ticker	t policy?	Yes⊠ No		of Each Ticket/Pass \$	7.00
l	Event Description Los Angele	es County Fair Provide Title/Expla	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	Date(s) 08	, 29 , 14	09 28 14
-	Ticket(s)/Pass(es) provided by	3.7 2503	Yes□ No	if no:	ex	
			_		Name of Sou	Irce
1	Was ticket distribution made a of agency official?	t the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
					Official's Name (L	ast, First)
	Recipients Use Section A to identify the agency	r's denartment or i	ınit ellseSe	ction B to identify an individu	ial a lice Section C to ident	if an autoida arrani-sti-s
	A. Name of Agency, Departme	4.4	Number of	and the party of the contract of the	AR CONTRACTOR CONTRACTOR	College Carrolly, Karl College
-	A. Name of Agency, Departine	nt or onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
ſ						
L						CORP. CORP. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO
ſ						
Ī			Number of			
ŀ	Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
1				If checking "Ceremoni	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
Г				и спескіпд "Geremoni	al Role" or "Other" describe below:	
			-1986			
0	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
P	omona Optimist Breakfast Club)				
	3227 Flaxton St., Pomona, CA 91		8	Per Ticket Policy 5.3 (i)		
S	erving the youth in the commu	nity.				
	/erification		-			
11	have read and understand FPPC Regula					the requirements.
-	Signature of Agency Head or Designee	Avianr	na Uribe Print Nam		et Administrator	9/30//4 (Month, Day Year)
					,	(grottin, Day, Year)
C	Comment:					

	agency Report of: Seremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
1	. Agency Name			Date Stamp	California O 0 2
	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable)		4	For Official Use Only
	First District	Total mile to			N
	Designated Agency Contact (Name, Title)			•	
	Avianna Uribe, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
_	(213) 974-4111 Molina@lack	oos.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information Does the agency have a ticket policy? Event Description Los Angeles County Fair Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	THE RESERVE OF THE PERSON NAMED IN	Date(s) Fairple	f Each Ticket/Pass \$ 1, 29 , 14	
3.	Recipients • Use Section A to identify the agency's department or to A. Name of Agency, Department or Unit	nnit. • Use Se Number of Ticket(s)/ Pass(es)	and the second second	ual. • Use Section C to iden	The Control of the Property of
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other describe below:	ing:
			Ceremonial Role If checking "Ceremon	Other I all Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Relay for Life Cancer Run Post Office Box 128, Pomona, CA 91769	9	Per Ticket Policy 5.3 (i)		
	Organization bringing awareness to cancer				

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

Avianna Uribe

Print Name

4. Verification

Comment:

Signature of Agency Head or Designee

Title (Month, Day, Year)

Ticket Administrator

oci ciliolilai i	tole Events and	Honeur ass	Distributions		A Public Documen
1. Agency Nam	e			Date Stamp	California 802
Los Angeles Co	unty Board of Supervi	sors			Form OUZ
Division, Depart	ment, or Region (If Appl		For Official Use Only		
First District					
Designated Age	ncy Contact (Name, Title)	ANTE CONT. AND THE CONT. OF THE CONT.			
Avianna Uribe,	Ticket Administrator				
Area Code/Phor	e Number E-mail	-		Amendment (Must p	provide explanation in Part 3.)
(213) 974-4111	Molina@	placbos.org		Date of Original Filing:	(Month, Day, Year)
2. Function or I	vent Information	0.00 A W		I,	9.00
Does the agency	have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	9.00
Event Descriptio	Los Angeles County	Fair e/Explanation	Date(s) 08	, 29 , 14	09 28 14
Tieket(e)/Dese(e			Fairnle	×	
ricket(s)/Pass(e	s) provided by agency?	Yes No	ĭ If no:	Name of So	urce
	oution made at the beha	est No Yes	If yes: Supe	rvisor Gloria Molina	
of agency offici	al?			Official's Name (Last, First)
. Recipients					
Use Section A to id	entify the agency's departme		ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
A. Name of Ag	ency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		Number of			
B. Na	me of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
	Outside Organization ddress and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Resurrection Chur 3324 Opal St., LA,		4	Per Ticket Policy 5.3 (i)		
Providing services	to the community.				
			<u> </u>	and and a second	
Verification I have read and unders	and FPPC Regulations 18 <u>944.</u>	1 and 18942. I have ve	erified that the distribution set to	orth above is in accordance with	h the requirements /
		vianna Uribe		et Administrator	012n/1L
Signature of Agenc		Print Nam		Title	(Month, Day, Year)
, F					(monun, pay, real)
Commont					

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County Board of Supervisors				TOIM
Division, Department, or Region (If Applicable,)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			<u> </u>	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ [1	9.00
Event Description Los Angeles County Fair			, 29 , 14	09 28 14
Provide Title/Expla	nation	Date(s) 08		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	X	
			Name of So	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina	
			Official's Name (I	-ast, rirst)
3. Recipients				
Use Section A to identify the agency's department or u	Number of	The state of the state of the state of the	Artist of the Market Conference of	Total Service Services
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1 485(65)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	
(Last, First)	Pass(es)		identity one of the followi	ng:
		Ceremonial Role	Other	Income 🔲
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
	Numbered			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	Pass(es)			
San Gabriel Valley Conservation Corp.	4	Per Ticket Policy 5.3 (i)		
23226 Montura Dr., Diamond Bar, CA 91765		(/		
Organization assisting disadvantaged youth.				
. Verification I have read and inderstand FPPC Regulations 18944.1 and	180/2 have	ration that the distribution of t		
1/ /	raguz, mave ve na Uribe		et Administrator	Tine requirements.
Signature of Agency Head or Designee	Print Nam			19/50//1
Signature of Figurial Front of Designate	rmuvam	0	Title	(Month, Day Year)
Comment:				,

A Public Document

1	Aganay Nama				D-1-01	Collidaria C.C.C.
1. Agency Name Los Angeles County Board of Supervisors					Date Stamp	California 802
				For Official Use Only		
	Division, Department, or Regi	оп (іт Арріісавіе)			
	First District					
	Designated Agency Contact (Name, Title)]	
	Avianna Uribe, Ticket Admir	nistrator				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticker	t policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
	Event Description Los Angele	s County Fair		Date(s) 08	, 29 , 14	09 28 14
	Event Description	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No	If no: Fairple	ex	
	, , , , , , ,			_	Name of Sou	rce
	Was ticket distribution made a	t the behest	No Yes	If yes: Supe	rvisor Gloria Molina	
	of agency official?				Official's Name (La	ast, First)
3.	Recipients			3		
	Use Section A to identify the agency	's department or u		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
31			Pass(es)			
1				AL MARIE		
			Numbered			
	B. Name of Individua	L	Number of Ticket(s)/		Identify one of the following	ıg:
			Pass(es)	2	ПоП	
				Ceremonial Role	ial Role" or "Other" describe below:	Income 🔲
				Ceremonial Role	Other	Income [
				If checking "Ceremon.	ial Role" or "Other" describe below:	
Ļ						
-	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	(monage androse dire desi	anpuon)	Pass(es).			
	Sunshine Park Neighborhood W		6	Per Ticket Policy 5.3 (i)		
Į	235 S. Sandalwood, La Puente, C	A 91744 👪		Per Ticket Policy 5.5 (I)		
ſ						
ľ	Advocates for safe neighborhoo	ds.				
	Verification					
1	have lead and understand FPPC Regula			arified that the distribution set fo	orth above, is in accordance with	the requirements.
25	Vh	Aviani	na Uribe	Ticke	et Administrator	1 9/30/11
	Signature of Agency Head or Designee		Print Nam	ne	. Title	(Month, Day, Jear)
-	Comment:					

Ceremoniai Role Evel	nts and lick	(evPass	Distributions		A Public Document
1. Agency Name		Date Stamp	California 802		
Los Angeles County Board	of Supervisors		Form OUZ		
Division, Department, or Re	gion (If Applicable)			-	For Official Use Only
First District		*		1	
Designated Agency Contact	(Name, Title)			1	
Avianna Uribe, Ticket Adm	Avianna Uribe, Ticket Administrator				
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(213) 974-4111	Molina@lacb	os.org	A CONTRACT OF THE PARTY OF THE	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	rmation			110	9.00
Does the agency have a tick	et policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description Los Ange	les County Fair	nation	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided	by agency?	If no:	ex Name of Source		
Was ticket distribution made of agency official?	at the behest	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (L	
Recipients Use Section A to identify the agen	cy's department or u	nit. • Use Se	ction B to identify an individu	ual. ● Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	- 1	Number of Ticket(s)/	A 15 HEAR WAY, 1911 AND AND	lic purpose made pursuant	Traffic Art Call (Sept. 5.)
		Pass(es)			Service of the servic
					·
	3. Name of Individual			Identify one of the following	ng:
			Ceremonial Role	Other 🗙	Income 🗖
Shidler, Wally			If checking "Ceremon	ial Role" or "Other" describe below:	
Snidler, Wally		4	Per Ticket Policy 5.3	(h)	
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below;	
C. Name of Outside Orga	Number of . Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
(include address and de	scription)	Pass(es)			
	E 1				
Varification -			<u></u>		
. Verification I have read and understand FPPC Reg	ermication. ave read and understand FPPC Regulations 18 <u>944.1 and 18942. I have verified that the distri</u> buti			orth above, is in accordance with	the requirements.
_ X U	Aviann	a Uribe	Ticke	et Administrator	9/30/1
Signature of Agency Head or Designe	e	Print Nan	ne	Title	(Month, Day, Fear)
Comment:					
Comment:					FPPC Form 802 (4/12)
			U	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document		
1.	Agency Name	Agency Name					
	Los Angeles County Board of Supervisors				California 802		
	Division, Department, or Region (If Applicable)		For Official Use Only				
	First District						
	Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
	Avianna Uribe, Ticket Administrator						
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
	(213) 974-4111 Molina@lacb	os.org	****	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information			10	9.00		
		Yes 🔼 No		7 29 ,14 09 28 14			
	Event Description Los Angeles County Fair Provide Title/Expla	nation	Date(s) 08				
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	× If no: Fairple				
	Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	rvisor Gloria Molina Official's Name (La	ast, First)		
3.	Recipients						
	Use Section A to identify the agency's department or u	Number of	CONTRACTOR OF THE PARTY	Let the St. Short the courte	Notes - New York Street, And The Street		
	A. Name of Agency, Department or Unit	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 Income		
		If checking "Ceremon	ial Role" or "Other" describe below:				
		Ceremonial Role	Other	Income			
			If checking "Ceremon	ial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)			lic purpose made pursuant t	o the agency's policy		
	Walnut Park Resident's Association 2723 Broadway St., Walnut Park, CA 90255	Per Ticket Policy 5.3 (i)					
	Community organization.						
١	Verification /		<u>L</u>				
٠.	I have read and unserstand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements./		
	Avianr	Ticket Administrator 9/30//					
	Signature of Agency Head or Designee	e	Title	(Month, Day, Year)			
	Comment						

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

C	eremoniai Role Even	is and rici	keurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County Board o	Los Angeles County Board of Supervisors				Form OUZ
	Division, Department, or Region (If Applicable)					For Official Use Only
	First District	irst District				
	Designated Agency Contact (Name, Title)					
	Avianna Uribe, Ticket Admir					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(213) 974-4111	Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			1	9.00
	Does the agency have a ticker	t policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
	Event Description Los Angele	es County Fair Provide Title/Expla	anation	Date(s) 08	, 29 , 14	09 28 14
	Ticket(s)/Pass(es) provided by		_	Fairple	ex	
	rionot(o)ri ass(cs) provided by	agency:	Yes No	_	Name of Sou	ırce
	Was ticket distribution made a	t the behest	No Yes	If yes: Supe	ervisor Gloria Molina	
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	r's department or u	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
				Ceremonial Role	Other _	Income
				il checking Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and desi		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Workman Mill Association		4	Per Ticket Policy 5.3 (i)		
	618 Arciero Dr., Whittier, CA 906	601 +		()		
	Community organization.					
	Verification			A DESCRIPTION OF THE PROPERTY		. /
	I have read and/understand FPPC Regul					the requirements
Avianna Urib					et Administrator	19/30/19
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)
Comment:						

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document			
1. Agency Name	Date Stamp	California 802					
Los Angeles County Board of Supervisors							
Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)						
First District	First District						
Designated Agency Contact (Name, Title)							
Avianna Uribe, Ticket Administrator				1			
Area Code/Phone Number E-mail				rovide explanation in Part 3.)			
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information			1	9.00			
Does the agency have a ticket policy?	f Each Ticket/Pass \$	7.00					
Event Description Los Angeles County Fair		Date(s) 08	, 29 , 14	09 28 14			
Provide Title/Expla	nation	Fairple	eX Name of Source				
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:					
Was ticket distribution made at the behest	No□ Yes	If yes: Supe	rvisor Gloria Molina				
of agency official?	110-22 100	— 11 ycs. <u>—</u>	Official's Name (Last, First)				
3. Recipients	Recipients						
Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	rass(es)						
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:			
(Last, First)	Pass(es)						
		Ceremonial Role	Other describe below:	Income			
		Ceremonial Role	Other	Income			
		If checking "Ceremoni	al Role" or "Other" describe below:				
C. Name of Outside Organization	Number of .						
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
YWCA							
1020 S. Olive St., 7th Floor, LA, CA 90015	6	Per Ticket Policy 5.3 (i)					
Community organization.							
. Verific/ation	CARTING THE STREET			,			
I have read and understand FPPC Regulations 18944.1 and			•	the requirements.			
	na Uribe		et Administrator	9/50//4			
Signature of Agency Head or Designee	Print Nan	ne	Title	(in onth, Day, Year)			
Comment:							

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
Los Angeles County Board of Supervisors				Form OUZ		
Division, Department, or Region (If Applicable,)			For Official Use Only		
First District						
Designated Agency Contact (Name, Title)						
Avianna Uribe, Ticket Administrator	Avianna Uribe, Ticket Administrator					
Area Code/Phone Number E-mail				rovide explanation in Part 3.)		
(213) 974-4111 Molina@lacb	os.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			1	0.00		
	Yes No	Face Value o	f Each Ticket/Pass \$	9.00		
Event Description Los Angeles County Fair	nation	Date(s) 08	, 29 , 14	09 28 14		
	Yes□ No	Fairnle				
		Supp	Name of Source			
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (Last, First)			
 Recipients Use Section A to identify the agency's department or u 	nit. • Use Se	ction B to identify an Individu	ral. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		

	Number of					
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
		Ceremonial Role	Other X	Income		
Ayala, Melissa	4	Per Ticket Policy 5.3				
		Ceremonial Role	Other U	Income		
			al Role" or "Other" describe below:	income		
,						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
D						
			WII. 1. W			
. Verification/		<u>U</u>				
I have read and urrightstand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.		
1// / 4	na Uribe		et Administrator	9/215/14		
Signature of Agency Head or Designee	Print Nam	ee	Title	(Month, Daly, Year)		
				/		
Comment:						

Ceremonial Role Events and Tic	REUFASS	בווסווטענוטווא		A Public Documen
1. Agency Name	Date Stamp	California 802		
Los Angeles County Board of Supervisors	os Angeles County Board of Supervisors			Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
First District				
Designated Agency Contact (Name, Title)				
Avianna Uribe, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
(213) 974-4111 Molina@lack	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description Los Angeles County Fair	CONTRACTOR OF THE PARTY OF THE	Date(s) 08	, 29 , 14	09 28 14
Provide Title/Expla		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Fairple		
Mon Holiat diatable and a second		Supe	Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes: Supe	ervisor Gloria Molina Official's Name (Last, First)	
			omaid a rumo (2	ust, 1 //stj
 Recipients Use Section A to identify the agency's department or use 	mit allse Se	ction B to identify an individu	ral a fice Section C to identi	ifi an autoida armaninatina
	Number of	The straight of the straight	Are the second stage of the second	State Test of the second
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
(Last, First)	Pass(es)			ıg;
		Ceremonial Role	Other 🗵	Income
Gonzalez, Rubio	4	if Checking Ceremoni.	al Role" or "Other" describe below:	
		Per Ticket Policy 5.3	(h)	
		Ceremonial Role	Other 🔲	Income
		if checking "Ceremoni	al Role" or "Other" describe below:	322 324 324 32 10
	Number of .			
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the public purpose made pursuant to the agency's poli		
	Pass(es)			
+				
Verification				•
I have read and understand FPPC Regulations 18944.1 and				122/1/4
	na Uribe		t Administrator	9/30/14
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				
Comment.				FPPC Form 802 (4/12)
		F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)