### 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
- **Date(s):** 08/29/14 09/28/14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Name of Source:** Fairplex
- **If no:**
- **If yes:** Supervisor Gloria Molina
  Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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 [ ] Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Tokyo Service Center 231 E. Third St., Suite G-106, LA, CA 90012</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (i) Provides services to the community.</td>
</tr>
</tbody>
</table>

#### 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.

Avianna Uribe
Ticket Administrator

Signature of Agency Head or Designee Print Name Title

Comment:

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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? Yes [x] No [ ]

Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14
9 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

<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>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Ceremonial Role [x] Other [x] Income [x]</th>
</tr>
</thead>
</table>

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

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>
</table>

Montecito Heights Improvement
1004 Montecito Dr., LA, CA 90031

Community organization.

4. Verification

I have read and understand FPPC Regulations 18944 and 18948. 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 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](#) | Face Value of Each Ticket/Pass | $19.00
- Date(s) | 08 | 29 | 14 | 09 | 28 | 14
- Ticket(s)/Pass(see) provided by agency? Yes [ ] No [x]
- If no: Fairplex
- Name of Source | [Supervisor Gloria Molina](#) |
- If yes: Supervisor Gloria Molina

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

#### 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>
<tr>
<td></td>
<td></td>
</tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</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>Neighborhood Music School</td>
<td>2 Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>358 S. Boyle Ave., Los Angeles, CA 90033</td>
<td></td>
</tr>
<tr>
<td>Non-profit organization providing music lessons to the youth in the community.</td>
<td></td>
</tr>
</tbody>
</table>

**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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30/14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment: [Blank space]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

<table>
<thead>
<tr>
<th>Los Angeles County Board of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
</tr>
<tr>
<td>First District</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Avianna Uribe, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>(213) 974-4111</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 |
| Ticket(s)/Pass(es) provided by agency? | Yes [x] No |
| Was ticket distribution made at the behest of agency official? | Yes [x] No |

3. Recipients

<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>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [x] Other No</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>North Whittier Neighborhood Watch 3727 W. 6th St., LA, CA 90020</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Advocates for safe neighborhoods.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 18044.1 and 18045. 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: 9/30/14)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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 no: Fairplex
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - If yes: Supervisor Gloria Molina

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ 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>Pellessier Village Neighborhood Watch 2209 Mardel Ave., Whittier, CA 90601</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (i)</td>
</tr>
<tr>
<td>Advocates for safe neighborhoods.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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 [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
9 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 (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

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
Ticket Administrator
Print Name
Title
Date 9/30/14
(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 / E-mail
     (213) 974-4111 / Molina@lacbos.org

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

3. **Recipients**
   - Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
     - 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 [ ]
     - 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
     - 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 18344.1 and 18344.2. 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
   - Date (Month, Day, Year): 9/30/19

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

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

2. **Function or Event Information**

   **Does the agency have a ticket policy?** Yes ☑ No ☐
   
   **Event Description** Los Angeles County Fair
   
   **Face Value of Each Ticket/Pass $**
   
   19.00
   
   **Date(s) 08 29 14**
   
   **If no:** Fairplex
   
   **Name of Source**
   
   Supervisor Gloria Molina

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

   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 18945. 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
   
   **Date (Month, Day, Year)**
   
   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 E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp
California Form 802
(for official use only)

Amendment (Must provide explanation in Part 3)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description Los Angeles County Fair
(Provide Title/Explanatory Note)
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
Name of Source Fairplex
If no:
If yes: Supervisor Gloria Molina
Official's Name (Last, First)

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

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

B. Name of Individual (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

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 and 18947. 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: 855/ASK-FPPC (855/275-7772)
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   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
   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
      Resurrection Church
      3324 Opal St., LA, CA 90023
      4 Per Ticket Policy 5.3 (i)
      Providing services to the community.

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19445. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   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 ☑ No □
Event Description: Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14 09 28 14
If no: 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 (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
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 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
Ticket Administrator
Print Name
Title
Date (Month, Day, Year)
1/30/20
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

Date Stamp

A Public Document

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

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

Name of Source
Fairplex

Was ticket distribution made at the behest of agency official? No X 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 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

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 18444.1 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
Ticket Administrator

Print Name Title

Comment:

Date: 9/30/14
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 ☐
   Face Value of Each Ticket/Pass $ 19.00
   Event Description Los Angeles County Fair
   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.

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Per Ticket Policy 5.3 (h)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19446.1 and 19446.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Avianna Uribe
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)
   Comment:

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - Avianna Uribe, Ticket Administrator

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(213) 974-4111</td>
<td><a href="mailto:Molina@lacas.org">Molina@lacas.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
   - **Date(s)** 08 29 14 09 28 14
   - **Face Value of Each Ticket/Pass** $19.00
   - **Ticket(s)/Pass(es) provided by agency?** No [X] Yes [ ]
   - **Was ticket distribution made at the behest of agency official?** No [X] Yes [ ]
   - **Fairplex**
     - **Name of Source** Supervisor Gloria Molina
     - **Official’s Name (Last, First)**

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

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

   **B. Name of Individual**

   **C. Name of Outside Organization**

4. **Verification**
   - I have read and understand FPPC Regulations 19344 and 19242. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature: 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 | 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
Date(s) 08 29 14 09 28 14
Face Value of Each Ticket/Pass $ 19.00
Ticket(s)/Pass(ee) 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.

<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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></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>Workman Mill Association 618 Arciero Dr., Whittier, CA 90601</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 18944.1 and 18942. 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:
(Interval, 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@lacobos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description [Los Angeles County Fair]
   Date(s) 09/28/14
   Face Value of Each Ticket/Pass $19.00
   Ticket(s)/Pass(ee) provided by agency? Yes [X] No [ ]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   Name of Source [Fairplex]
   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 [ ]
   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
   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 19344.1 and 19342. 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)
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]
If no: Fairplex
Name of Source
If yes: Supervisor Gloria Molina
Official's Name (Last, First)
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 (Ext. Proj) 
   Number of Ticket(s)/Pass(es) 
   Identify one of the following:
   Ceremonial Role [ ] Other [x] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Per Ticket Policy 5.3 (h)
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18944. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature [Agency Head or Designee] 
Avianna Uribe 
Ticket Administrator [ ]
Print Name 
[ ]
Title [ ]
[ ]
(Date)
[ ]

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 ☑ 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
Name of Source
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Gonzalez, Rubio 4 Per Ticket Policy 5.3 (h)
If checking “Ceremonial Role” or “Other” describe below:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

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

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