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 [square]
   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 [square] No [square]
   If no: Fairplex
   If yes: Supervisor Gloria Molina
   Name of Source
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Gloria Molina</td>
<td>60</td>
<td>Per Ticket Policy 5.3 (g)</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19344.1 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:
   Title:
   Date (Month, Day, Year): 07/30/18

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

1. Agency Name
Los Angeles County Board of Supervisors

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [ ] No [X]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description:</td>
<td>Los Angeles County Fair</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No [ ] Yes [X]</td>
</tr>
</tbody>
</table>

3. Recipients

A. Name of Agency, Department or Unit

<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

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

4. Verification

I have read and understand FPCC 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
Print Name: Ticket Administrator
Title: 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 E-mail
(213) 974-4111 Molina@lacbos.org

Date Stamp

2. Function or Event Information

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

Event Description
Los Angeles County Fair

Face Value of Each Ticket/Pass $19.00

Date(s) 08 29 14 09 28 14

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

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

Date of Original Filing:

3. Recipients

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

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

Number of Ticket(s)/Pass(es) 4

Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (k)

B. Name of Individual

Number of Ticket(s)/Pass(es)

Identify one of the following:

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

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

C. Name of Outside Organization

Number of Ticket(s)/Pass(es)

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

4. Verification

I have read and understand FPPC Regulations 19444.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Print Name

Title

Date (Month, Day, Year)

Comment:

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

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

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

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

#### A. Name of Agency, Department or Unit
- **Board of Supervisors Employee**
  - **Number of Ticket(s)/Pass(es):** 4
  - **Describe the public purpose made pursuant to the agency's policy:** Per Ticket Policy 5.3 (k)

#### B. Name of Individual
- **Identify one of the following:**
  - **Ceremonial Role**
  - **Other**
  - **Income**

#### C. Name of Outside Organization
- **Describe the public purpose made pursuant to the agency's policy**

### 4. Verification
- I have read and understand FPPC Regulations 19444 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:**
- **Title:**
  - **Date:** 09/30/14

**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 2)
Date of Original Filing

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

Event Description Los Angeles County Fair

Provide Title/Explanation

Face Value of Each Ticket/Pass $19.00

Date(s)
08 29 14
09 28 14

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

If no:
Fairplex

Name of Person

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

If yes:
Supervisor Gloria Molina

Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>5</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

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

4. Verification
I have read and understand FPPC Regulations 10944.4 and 10942. 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: 9/20/14

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:** (213) 974-4111
- **E-mail:** Molina@lacity.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description:** Los Angeles County Fair
- **Face Value of Each Ticket/Pass:** $19.00
- **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 [ ]

### 3. Recipients
- **Name of Agency, Department or Unit:** Board of Supervisors Employee
  - **Number of Ticket(s)/Pass(es):** 12
  - **Describe the public purpose made pursuant to the agency's policy:** Per Ticket Policy 5.3 (k)

### 4. Verification
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:** Ticket Administrator
- **Title:**
- **Date:** 7 20 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 [x] No [ ]
Event Description Los Angeles County Fair
Face Value of Each Ticket/Pass $19.00
Date(s) 08 29 14 09 28 14
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
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
Board of Supervisors Employee 6 Per Ticket Policy 5.3 (k)

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

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

4. Verification
I have read and understand FPPC Regulations 19344.1 and 19345. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title
( ) (Month/Day/Year)
Comment:

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

1. Agency Name
Los Angeles County Board of Supervisors

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

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

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

Date Stamp
California Form 802

For Official Use Only

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $19.00

Event Description
Los Angeles County Fair

Provide Title/Explanation

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

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

| Board of Supervisors Employee | 5 | Per Ticket Policy 5.3 (k) |

B. Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ]

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

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

4. Verification

I have read and understand FPPC Regulations 10944.1 and 10942. I have verified that the distribution set forth above is in accordance with the requirements.

Avianna Uribe
Ticket Administrator

Signature of Agency Head / Designee
Print Name
Title

(Week, 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 | Email
   - (213) 974-4111 | Molina@lacbos.org

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

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

   **A. Name of Agency, Department or Unit**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency’s policy
     - Board of Supervisors Employee
     - 6
     - Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - (Give Title)
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role
     - Other
     - Income
     - If checking “Ceremonial Role” or “Other” describe below:
     - Ceremonial Role
     - Other
     - Income
     - If checking “Ceremonial Role” or “Other” describe below:

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

4. **Verification**
   - I have read and understand FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Title: Ticket Administrator
   - (Month, Day, Year)
   - Print Name:票

Comment: [Signature]

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

Name of Source

If yes: Supervisor Gloria Molina

Official’s Name (Last, First)

3. Recipients

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

Number of Ticket(s)/Pass(es) 6

Describe the public purpose made pursuant to the agency’s policy
Per Ticket Policy 5.3 (k)

B. Name of Individual

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

C. Name of Outside Organization (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 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Avianna Uribe

Print Name Ticket Administrator

Title

Date 9/30/14

Comment:

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

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

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

2a. If no:
Name of Source
Fairplex
Official's Name (Last, First)
Supervisor Gloria Molina

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

<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>Board of Supervisors Employee</td>
<td>5</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

3a. B. Name of Individual

<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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

3b. If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3c. Name of Outside Organization
(include address and description)

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

4. Verification
I have read and understand FPPC Regulations 10444.1 and 10448. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

1. Agency Name

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

Date Stamp California Form 802
A Public Document For Official Use Only
Amendment (Must provide explanation in Fact 1)
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 ☑
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

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

Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

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

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

(include address and description)

4. Verification

I have read and understand FPPC Regulations 19441 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment:

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

**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

**Email**
Molina@lacbos.org

**Date Stamp**

**California Form 802**
For Official Use Only

**Amendment** (Must provide explanation in Part 3)

**Date of Original Filing**

### Function or Event Information

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

- **Event Description**
  Los Angeles County Fair

- **Face Value of Each Ticket/Pass**
  $19.00

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

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

- **If no:**
  Fairplex

- **Name(s) of Source**
  Supervisor Gloria Molina

### 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>6</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

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

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

#### C. Name of Outside Organization

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

### Verification

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date (Month, Day, Year)**
09/30/14

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

1. Agency Name
Los Angeles County Board of Supervisors

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

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

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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)
Date of Original Filing:

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? Yes [x] No [ ]

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

If no:
Fairplex
Name of Source

If yes:
Supervisor Gloria Molina
Official's Name (Last, First)

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

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

Board of Supervisors Employee 4 Per Ticket Policy 5.3 (k)

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

Ceremonial Role [ ] Other [ ] Income [ ]

Ceremonial Role [ ] Other [ ] Income [ ]

Ceremonial Role [ ] Other [ ] Income [ ]

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

Signature of Agency Head or Designee
Avianna Uribe
Print Name
Title

Date: 9/30/14

Comment:

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

1. **Agency Name**
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   Email: 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
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   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**
<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>Board of Supervisors Employee</td>
<td>6 Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

   **C. Name of Outside Organization**
<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>

4. **Verification**
   I have read and understand FPPC Regulations 16944, 1 and 16944. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: ______________
   Print Name: Avianna Uribe
   Title: Ticket Administrator
   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: 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) of Event(s): 08/29/14
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - Venue: Fairplex
   - Name of Sponsor: 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) Provided: 6
   - Describe the public purpose made pursuant to the agency's policy:
     - Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es) Provided
   - Ceremonial Role ☐ Other ☐ Income ☐
   - If checking "Ceremonial Role" or "Other" describe below:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:
   - Name of Organization (include address and description)
   - Number of Ticket(s)/Pass(es) Provided
   - Describe the public purpose made pursuant to the agency's policy

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
   - Print Name: Ticket Administrator
   - Date: 09/30/14

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - Designated Agency Contact: 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
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   - Face Value of Each Ticket/Pass: $19.00
   - Date(s): 08/29/14 09/28/14

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

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors Employee
   - Number of Ticket(s)/Pass(es): 4
   - Describe the public purpose made pursuant to the agency's policy:
     - Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - Identify one of the following:
     - Ceremonial Role [ ] Other [ ] Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   - Describe the public purpose made pursuant to the agency's policy:

4. **Verification**
   - I have read and understood 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
   - Title: Ticket Administrator
   - Date: 07/30/14

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description: Los Angeles County Fair
   - Face Value of Each Ticket/Pass: $19.00
   - Date(s): 08/29/14
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - 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.

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors Employee
   - Number of Ticket(s)/Pass(es): 4
   - Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3 (k)

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

   **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 19544.1 and 19549. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Avianna Uribe
   - Print Name: Molina
   - Title: Ticket Administrator
   - Date: 09/30/14

Comment: 

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

1. Agency Name

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

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

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

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

4. Verification

I have read and understand FPPC Regulations 18664, 1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe
Print Name: Ticket Administrator
Date: 9/30/14
Title:
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(es) provided by agency? Yes [X] No [ ]
   Name of Source [Fairplex]
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   Name of Source Supervisor Gloria Molina

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit [Board of Supervisors Employee]
      Number of Ticket(s)/Pass(es) 6
      Describe the public purpose made pursuant to the agency's policy Per Ticket Policy 5.3 (k)

   B. Name of Individual [Avianna Uribe]
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18744.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee [Avianna Uribe]
   Print Name [Ticket Administrator]
   Title
   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
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 [X] No
If no: Fairplex
Name of Source
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
Board of Supervisors Employee 6 Per Ticket Policy 5.3 (k)

B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
(name, title)
Ceremonial Role [ ] Other [ ] Income [ ]
If checking “Ceremonial Role” or “Other” describe below:

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

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

4. Verification
I have read and understand FPPC Regulations 18244.1 and 18245. I have verified that the distribution set forth above, is in accordance with the requirements.
Avianna Uribe Ticket Administrator
Signature of Agency Head or Designee Print Name Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors

   Division, Department, or Region (If Applicable)

   First District

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s): 09/28/14
   Ticket(s)/Pass(ee) provided by agency? Yes [X] No [ ]
   If no: Fairplex
   Name of Source:
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Employee
      4
      Per Ticket Policy 5.3 (k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Molina  Title: Ticket Administrator
   Date: 09/30/14

Comment: 
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

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

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
   Board of Supervisors Employee 2 Per Ticket Policy 5.3 (k)

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 18944. 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
   Date (Month, Day, Year): 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: (213) 974-4111
   E-mail: 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] [No] [X]
   If no: Fairplex
   Name of Source: [ ]
   Was ticket distribution made at the behest of agency official? [No] [Yes] [X]
   If yes: Supervisor Gloria Molina

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   Board of Supervisors Employee | 8 | Per Ticket Policy 5.3 (k)

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

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

4. Verification
   I have read and understand FPPC Regulations 19044.1 and 19049. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Title: [ ]
   Date: 09/30/14

Comment: [ ]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? [Yes] [No]
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08/29/14 09/28/14
   Event Description: Los Angeles County Fair
   Ticket(s)/Pass(es) provided by agency? [Yes] [No] [X]
   If no: Fairplex
   Name of Source: [Blank]
   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
   --- | --- | ---
   Board of Supervisors Employee | 5 | Per Ticket Policy 5.3 (k)

   B. Name of Individual
      (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
      --- | --- | ---
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      ---
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      ---
   C. Name of Outside Organization
      (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      --- | --- | ---

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Avianna Uribe
   Print Name: Ticket Administrator
   Date: 9/30/14
   Comment: [Blank]
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
   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
   Event Date(s): 08 29 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: Board of Supervisors Employee
      Number of Ticket(s)/Pass(es): 5
      Describe the public purpose made pursuant to the agency's policy
      Per Ticket Policy 5.3 (k)

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

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

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 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
   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
- First District
- Avianna Uribe, Ticket Administrator
- Area Code/Phone Number: (213) 974-4111
- E-mail: Molina@lacbos.org

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

### 3. Recipients
- **A. Name of Agency, Department or Unit:**
  - Board of Supervisors Employee
  - **Number of Ticket(s)/Pass(es):** 3
  - **Describe the public purpose made pursuant to the agency's policy:** Per Ticket Policy 5.3 (k)

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

- **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 19348. I have verified that the distribution set forth above is in accordance with the requirements.
- **Signature of Agency Head or Designee:** Avianna Uribe
- **Print Name:**
- **Title:**
- **Date:** 9/30/17
- **Comment:**

---

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

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

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

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors Employee 6 Per Ticket Policy 5.3 (k)

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19445. I have verified that this distribution set forth above is in accordance with the requirements.
   Avianna Uribe
   Ticket Administrator
   09/30/14

   Signature of Agency Head or Designee
   Print Name
   Title (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes X No □
Event Description
Los Angeles County Fair
Provide Title/Explanation
Ticket(s)/Pass(ee) provided by agency? Yes □ No X
Was ticket distribution made at the behest of agency official? Yes X No □
Face Value of Each Ticket/Pass $ 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
Board of Supervisors Employee | 6 | Per Ticket Policy 5.3 (k)

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

C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | 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

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 [X]
   Face Value of Each Ticket/Pass [ ] $19.00
   Event Description
   Los Angeles County Fair
   Date(s)
   08 29 14
   09 28 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no:
   Venue
   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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Employee
      4
      Per Ticket Policy 5.3 (k)

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

   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 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Avianna Uribe
   Print Name
   Ticket Administrator
   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 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
   Was ticket distribution made at the behest of agency official? Yes No
   Name of Source
   Fairplex
   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
      Board of Supervisors Employee 5 Per Ticket Policy 5.3 (k)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19441 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Avianna Uribe Title
   Date Printed Name (Month, Day, Year)

Comment:

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

1. Agency Name
Los Angeles County Board of Supervisors

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

Date Stamp California Form 802
A Public Document
For Official Use Only

Amendment (Must provide explanation in Part 3)
Date of Original Filing:

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(ies) 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(ies) Describe the public purpose made pursuant to the agency's policy

Board of Supervisors Employee 6 Per Ticket Policy 5.3 (k)

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

4. Verification

I have read and understand FPPC Regulations 19444 and 19447. 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)
07/30/11

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Los Angeles County Board of Supervisors
   Division, Department, or Region (If Applicable)
   First District
   Designated Agency Contact (Name, Title)
   Avianna Uribe, Ticket Administrator
   Area Code/Phone Number  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 ☒
   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
   Board of Supervisors Employee 4 Per Ticket Policy 5.3 (k)

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

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

4. Verification
   I have read and understand FPPC Regulations 16644.1 and 16647. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee  Print Name  Title
   Avianna Uribe  Ticket Administrator  9/30/14
   (Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No
   Event Description: Los Angeles County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s): 08 29 14 09 28 14
   Ticket(s)/Pass(ee) provided by agency? Yes [X] No
   Was ticket distribution made at the behest of agency official? No [X] Yes
   Date of Original Filing: (Month, Day, Year)

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
   Board of Supervisors Employee | 4 | Per Ticket Policy 5.3 (k)

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

   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
   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**
   - **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

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

   **If yes:** Supervisor Gloria Molina
   - **Official’s Name (Last, First)**

3. **Recipients**
   - **Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es):** 4
   - **Describe the public purpose made pursuant to the agency’s policy:** Per Ticket Policy 5.3 (k)

4. **Verification**
   - **Signature of Agency Head or Designee:** Avianna Uribe
   - **Date:** 09/30/14
   - **Print Name:**
   - **Title:**

   **Comment:**

---

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)