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

2. Designated Agency Contact (Name, Title)

| Avianna Uribe, Ticket Administrator |

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

3. Function or Event Information

| Does the agency have a ticket policy? Yes ☑ No ☐ |

| Event Description | Dodger Game |

| Face Value of Each Ticket/Pass $ | 36.00 |

| Date(s) | 09/01/14 |

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

| Los Angeles Dodgers |

| 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

| Board of Supervisors Employee | 2 | 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: |

| | 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 19944.1 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 | 9/30/14 |

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 800/ASK-FPPC (800/275-7772)
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

A Public Document
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 [x]
Event Description [ ] Dodger Game
Provide Title/Explanation
Face Value of Each Ticket/Pass $36.00
Date(s) 09 02 14
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
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 | 2 | 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 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
(Reviewed By)

(Reviewed By)
Print Name
Date (Month, Day, Year)

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: Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s) 09 03 14
   Ticket(s)/Pass(es) provided by agency? Yes No X
   If no: Los Angeles Dodgers
   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

   Name of Individual
   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)
   Ceremonial Role
   Other
   Income
   If checking "Ceremonial Role" or "Other" describe below:
   Per Ticket Policy 5.3 (h)

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 19344 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
   Print Name
   Title
   (Month, Day, Year)

Comment:
### 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 / E-mail**
(213) 974-4111; Molina@lacbos.org

---

### Function or Event Information

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

**Event Description**
Dodger Game

**Face Value of Each Ticket/Pass** $36.00

**Date(s)**
09 05 14

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

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

---

### 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>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

| 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

<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 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**: 9/30/14

**Comment**:

---

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes[X] No
   - Face Value of Each Ticket/Pass $36.00
   - Event Description
   - Dodger Game
   - Date(s) 09 06 14
   - Ticket(s)/Pass(es) provided by agency? Yes No[X]
     - If no: Los Angeles Dodgers
     - 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**
   - Los Angeles County Employee
   - Number of Ticket(s)/Pass(es) 2
   - 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 18942 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description    Provide Title/Explanation
Dodger Game
Face Value of Each Ticket/Pass $36.00
Date(s) 09 07 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Supervisor Gloria Molina
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit    Number of Ticket(s)/Pass(es)    Describe the public purpose made pursuant to the agency’s policy
Los Angeles County Employee    2    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 18942. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe    Ticket Administrator 9/30/14
Signature of Agency Head or Designee    Print Name    Title

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 [Dodger Game]
Face Value of Each Ticket/Pass $36.00
Date(s) 09/08/14
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles Dodgers
Name of Source
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>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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cliburn, Dee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

**4. Verification**
I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

[Signature of Agency Head or Designee]
Avianna Uribe
Ticket Administrator
[Print Name]
[Title]
9/13/14 (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**
   (213) 974-4111

   **E-mail**
   Molina@lacbos.org

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

   **Event Description**
   Dodger Game

   **Face Value of Each Ticket/Pass**
   $36.00

   **Date(s)**
   09 10 14

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

   **If no:**
   Los Angeles Dodgers

   **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)
   Ceremonial Role [ ] Other [x]
   Identify one of the following:
   Per Ticket Policy 5.3 (h)

   **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 10944.1 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

   **Ticket Administrator**
   [ ]

   **Print Name**
   [ ]

   **Title**
   [ ]

   **Date (Month, Day, Year)**
   09/26/14

   **Comment:**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Dodger Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $36.00
   Date(s) 09 10 14
   If no: Los Angeles Dodgers
   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
   Los Angeles County Employee 2 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 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   Avianna Uribe
   Signature of Agency Head or Designee
   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
Dodger Game
Provide Title/Explanation
Face Value of Each Ticket/Pass $36.00
Date(s) 09 22 14
If no:
Ticket(s)/Pass(es) provided by agency? Yes No ❌
If yes:
Was ticket distribution made at the behest of agency official? No Yes ☑
If yes:
If 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.

<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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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 19442. 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
9/30/14

Comment:

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description [Dodger Game]
Provide Title/Explaination
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 $36.00
Date(s) 09 23 14
If no: Los Angeles Dodgers
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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. 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>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe
Ticket Administrator
Signature of Agency Head or Designee
Print Name
Title
Date (Month, Day, Year)

Comment:

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

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

### 1. Agency Name
- **Los Angeles County Board of Supervisors**
- **Division, Department, or Region (If Applicable):**

### First District

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

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No
- **Event Description:** Dodger Game
- **Face Value of Each Ticket/Pass:** $36.00
- **Date(s):** 09 24 14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Los Angeles Dodgers
- **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:**

#### B. Name of Individual
- **Martinez, Valentina**
- **Number of Ticket(s)/Pass(es):** 2
- **Per Ticket Policy 5.3 (h):**
  - **Ceremonial Role [ ] Other [x] 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 19442: 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:**

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

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

1. Agency Name
Los Angeles County Board of Supervisors
Division, Department, or Region (If Applicable)
First District

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

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

Event Description
Dodger Game
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass $36.00
Date(s) 09 26 14

If no:
Los Angeles Dodgers
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

<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  (Last, First)  Number of Ticket(s)/ Pass(es)  Identify one of the following:

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

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. 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)
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 Dodger Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 09 27 14
If no: Los Angeles Dodgers
Name of Source
If yes: Supervisor Gloria Molina
Officer'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

<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 (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

<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 ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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 19944.1 and 19942. 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
(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

2. Function or Event Information
Does the agency have a ticket policy? [Yes ☑ No ☐]
Event Description: Dodger Game
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 $36.00
Date(s): 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
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<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 ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

<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 18944.1 and 18947. 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)