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@iacbos.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Event Description: Concert at Disney Hall
   - Face Value of Each Ticket/Pass: $95.00
   - Date(s): 11/01/14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - LA Philharmonic
   - Name of Source: If no:
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   - Supervisor Gloria Molina

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Board of Supervisors 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**
     - 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**
     - 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 19944.1 and 19944.2. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Avianna Uribe
   - Printed Name: Ticket Administrator
   - Title:
   - Date: 11/01/14

5. **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@lacity.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Concert at Disney Hall
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: LA Philharmonic
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:
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 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:** (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:** Concert at Disney Hall

   **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 $95.00**

   **Date(s)**: 11 06 14

   **LA Philharmonic**

   **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**

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

   **Identify one of the following:**

   - Ceremonial Role [ ] Other [x]

   **Per Ticket Policy 5.3 (h)**

   - Ceremonial Role [ ] Other [ ]

   **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 19941 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

1. **Agency Name**
   - Los Angeles County Board of Supervisors

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Face Value of Each Ticket/Pass: $170.00
   - Event Description: Concert at Disney Hall
   - Date(s): 11 07 14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: LA Philharmonic
   - 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
   - B. Name of individual (Last, First)
      - Number of Ticket(s)/Pass(es)
      - Identify one of the following:
        - Ceremonial Role [ ] Other [X]
        - Per Ticket Policy 5.3 (h)
      - 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 18943.1 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: (Month, Day, Year): 11/21/14
   - 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
Concert at Disney Hall
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

Face Value of Each Ticket/Pass $95.00
Date(s) 11-108-14

If no: LA Philharmonic
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.

<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>

B. Name of Individual
(Rank/Title)
Rowe, Jeanette
Number of Ticket(s)/Pass(es)
2
Ceremonial Role [ ] Other [x]
Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
Per Ticket Policy 5.3 (h)

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19341, 1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.
Avianna Uribe
Ticket Administrator

[Signature]
Print Name
Title

Comment:

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

1. **Agency Name**
   - Los Angeles County Board of Supervisors
   - First District
   - 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: Concert at Disney Hall
     - Provide Title/Explanation
   - Face Value of Each Ticket/Pass $95.00
   - Date(s): 11 / 09 / 14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Name of Source: LA Philharmonic
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
     - Official's Name (Last, First): Supervisor Gloria Molina

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
     - (Blank)
   - B. Name of Individual
     - (First, Last)
     - Number of Ticket(s)/Pass(es)
     - Ceremonial Role [ ] Other [ ]
     - Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:
       - (Blank)
     - Ceremonial Role [ ] Other [ ]
     - Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:
       - (Blank)
   - 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
     - (Blank)
     - Eagle Rock Chamber of Commerce
     - 4771 Eagle Rock Blvd., Eagle Rock, CA 90041
     - 2
     - Per Ticket Policy 5.3 (i)
     - Community organization.

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: [Signature]
   Print Name: Avianna Uribe
   Title: Ticket Administrator
   Date: 11/21/14

Comment: [Blank]
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
   Concert at Disney Hall
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Date(s)
   [ ] 11 [ ] 12 [ ] 14 [ ]
   If no: LA Philharmonic
   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>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>Los Angeles County Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

   B. Name of individual (Email, Phone)

<table>
<thead>
<tr>
<th>Name of individual (Email, Phone)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] 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>

   |                                    |                             | Ceremonial Role [ ] Other [ ] Income [ ] |
   |                                    |                             | If checking "Ceremonial Role" or "Other" describe below: |

   C. Name of Outside Organization (include address and description)

<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>

4. Verification
   I have read and understand FPPC Regulations 19244.1 and 1942. 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: 11/24/14 (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: (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: Concert at Disney Hall
   Ticket(s)/Pass(es) provided by agency? Yes No
   Was ticket distribution made on the behest of agency official? Yes No
   Face Value of Each Ticket/Pass $95.00
   Date(s): 11 14
   Name of Source: LA Philharmonic
   Supervisor Gloria Molina
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (EML, PER)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [X] Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaz, Sonja</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Ticket Policy 5.3 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   I have read and understand FPPC Regulations 15944.1 and 15942. 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:
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 Concert at Disney Hall
   Face Value of Each Ticket/Pass $170.00
   Date(s) 11 15 14
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   LA Philharmonic
   If no: 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 purpose made pursuant to the agency's policy
   Los Angeles County Employee 2 Per Ticket Policy 5.3 (k)

   B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
   (Last, First) 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 purpose made pursuant to the agency's policy
   

4. Verification
   I have read and understand FPPC Regulations 19244.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.

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

Comment:

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

### 1. Agency Name

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

### 2. Function or Event Information

| **Does the agency have a ticket policy?** | Yes ☑ | No ☐ |
| **Event Description** | Concert at Disney Hall |
| **Face Value of Each Ticket/Pass** | $170.00 |
| **Date(s)** | 11 | 18 | 14 |
| **Ticket(s)/Pass(es) provided by agency?** | Yes ☐ | No ☑ |
| **Name of Source:** |
| **LA Philharmonic** |
| **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

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

#### C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyle Heights Community Youth Orchestra</td>
<td></td>
</tr>
<tr>
<td>16275 Grand Ave., Bellflower, CA 90706</td>
<td></td>
</tr>
<tr>
<td>2 Per Ticket Policy 5.3 (i)</td>
<td></td>
</tr>
<tr>
<td>Provides music, instruments &amp; lessons to youths in the community.</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avianna Uribe</td>
<td>Ticket Administrator</td>
<td>11/2/14</td>
</tr>
</tbody>
</table>

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  
Molina@lacbos.org

**Date Stamp:**

2. **Function or Event Information**  
- **Does the agency have a ticket policy?** Yes [x] No [ ]  
- **Event Description:** Concert at Disney Hall  
- **Face Value of Each Ticket/Pass:** $170.00

**Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]  
**If no:** LA Philharmonic  
If yes:**  

- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]  
**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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 166441 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  
**Title:**  
**Date:** 11/21/14

**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
   Date Stamp
   California Form 802
   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: Concert at Disney Hall
   Face Value of Each Ticket/Pass $95.00
   Date(s) 11/21/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Philharmonic
   If yes: Supervisor Gloria Molina
   Name of Source
   Official's Name (Last, First)

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

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

   B. Name of Individual:
      Ever Last Name:
      Number of Ticket(s)/Pass(es):
      Identify one of the following:
      Ceremonial Role [ ] Other [X]
      If checking "Ceremonial Role" or "Other" describe below:
      Per Ticket Policy (I)
      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 19244 and 19242. 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: 
**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: Concert at Disney Hall
   - Face Value of Each Ticket/Pass: $95.00
   - Date(s): 11/22/14
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No
   - LA Philharmonic
   - 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**
     - Los Angeles County Employee
     - Number of Ticket(s)/Pass(es): 2
     - 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. 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Concert at Disney Hall
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
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>Los Angeles County Employee</td>
<td>2</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>
</table>

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

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

<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 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: 11/21/14
(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)
    - Aviana Uribe, Ticket Administrator
  - Area Code/Phone Number, E-mail
    - (213) 974-4111, Molina@lacbos.org
  - Date Stamp
  - California Form 802
    - For Official Use Only
    - Date of Original Filing: (Month, Day, Year)

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ❌
- Face Value of Each Ticket/Pass: $95.00
- Event Description: Concert at Disney Hall
  - Provide Title/Explanation
- Event Date(s): 11/28/14
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Name of Source: LA Philharmonic
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
- Name of Official: Supervisor Gloria Molina

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Champion, Douglas</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (h)</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 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
- Aviana Uribe, Ticket Administrator
  - (Month, Day, Year)

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:** (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:** Concert at Disney Hall
- **Face Value of Each Ticket/Pass:** $95.00
- **Date(s):** 11/29/14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
  - **If yes: Supervisor Gloria Molina**
    - **Official’s Name (Last, First):**

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

<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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurtado, Guillermo</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

- **B. Name of individual (Last, First):** Hurtado, Guillermo
- **Number of Ticket(s)/Pass(es):** 2
- **Ceremonial Role [ ] Other [x] Income [ ]**
- **If checking “Ceremonial Role” or “Other” describe below:**
  - **Per Ticket Policy 5.3 (h):**
    - **Ceremonial Role [ ] Other [ ] Income [ ]**
      - **If checking “Ceremonial Role” or “Other” describe below:**

### 4. Verification
- **Signature of Agency Head or Designee:** [Signature]
- **Print Name:** Avianna Uribe
- **Title:** Ticket Administrator
- **Date (Month, Day, Year):** 1/21/14

### 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@lacbos.org  

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]  
- **Face Value of Each Ticket/Pass** $95.00  
- **Date(s)**  
  - 11  
  - 30  
  - 14  
- **Event Description** Concert at Disney Hall  
  
### 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**

- **Name of Individual** Rothman, Elliott  
- **Number of Ticket(s)/Pass(es)** 2  
- **Identify one of the following:**  
  - **Per Ticket Policy 5.3 (h)**
  - **Income** [ ]  
  - **Ceremonial Role** [ ]  
  - **Other** [x]

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

- **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 18444 and 13842. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Avianna Uribe  
Molina@lacbos.org  

Ticket Administrator:  

Print Name:  
Title:  
Date: 11/2/14  

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