

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Los Angeles County Board of Supervisors			For Official Use Only
Division, Department, or Region (If Applicable)			
First District			
Designated Agency Contact (Name, Title)			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Concert at Hollywood Bowl
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 27.00

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

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

Date(s) 08 / 01 / 13

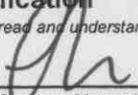
If no: LA Philharmonic
Name of Source

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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Baldwin Park Unified School District Adult Ed. 4640 Maine Ave., Baldwin Park, CA 91706	14	Per Ticket Policy (i)
Adult education.		

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.

 <small>Signature of Agency Head or Designee</small>	<u>Avianna Uribe</u> <small>Print Name</small>	<u>Ticket Administrator</u> <small>Title</small>	<u>10/2/13</u> <small>(Month, Day, Year)</small>
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Comment: _____

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Area Code/Phone Number	E-mail	Date of Original Filing: _____	
(213) 974-4111	Molina@lacbos.org	(Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Concert at Hollywood Bowl
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 \$ 27.00

Date(s) 08 / 01 / 13

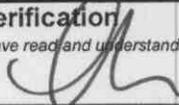
If no: LA Philharmonic
Name of Source

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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
Bell Shelter (Salvation Army) 5600 Rickenbacker, Bell, CA 90201	40	Per Ticket Policy (i)
Provides services to families in need.		

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	10/13/13
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Provide Title/Explanation

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

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

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Name of Source

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Official's Name (Last, First)

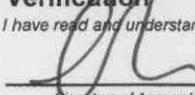
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Bienvenidos Children Center, Inc. 110 S. Garfield Ave., Montebello, CA 90640	30	Per Ticket Policy (i)
Provides services for children & families.		

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 10/2/13
 Print Name Title (Month, Day, Year)

Comment: _____

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Event Description: Concert at Hollywood Bowl
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 \$ 27.00

Date(s) 08 / 01 / 13

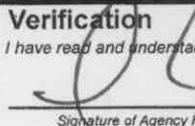
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
CERT Pico Rivera 4324 Deland Ave., Pico Rivera, CA 90660	30	Per Ticket Policy (i)
Training the community in disaster & emergency response.		

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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 10/2/13

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Provide Title/Explanation

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Face Value of Each Ticket/Pass \$ 27.00

Date(s) 08 / 01 / 13

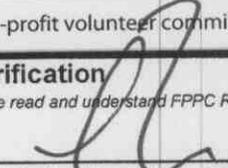
If no: LA Philharmonic
Name of Source

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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
East Los Angeles Chamber of Commerce 611 Oakford Avenue, Los Angeles, CA 90022 +	20	Per Ticket Policy (i)
Non-profit volunteer committee		

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:  Print Name: Avianna Uribe Title: Ticket Administrator Date: 10/2/13

Comment: _____

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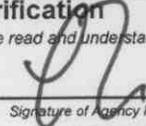
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Name of Source

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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
Embracing the Whole Child Post Office Box 52344, Oxnard, CA 93031	30	Per Ticket Policy (i)
Provides family services.		

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:  Print Name: Avianna Uribe Title: Ticket Administrator Date: 10/2/13
(Month, Day, Year)

Comment: _____

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Date Stamp

California Form 802
 For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
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2. Function or Event Information

Does the agency have a ticket policy? Yes No

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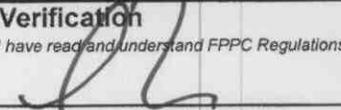
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Evergreen Church - Avocado Heights 323 Workman Mills Road, La Puente, CA 91744+	30	Per Ticket Policy (i)
Provides community services through youth and senior activities. +		

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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 10/2/13

Comment: _____

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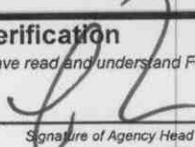
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Monterey Park Pacesetters Seniors 542 Casuda Canyon Dr., Monterey Park, CA +	30	Per Ticket Policy (i)
Non-profit senior club.		

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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 10/2/13

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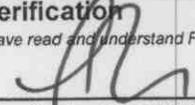
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
North Whittier Neighborhood Watch Post Office Box 75-606, Los Angeles, CA 9007+	16	Per Ticket Policy (i)
Advocates for safe neighborhoods.		

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

Signature of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 10/2/13

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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pomona Economic Opportunity Center P.O. Box 2496, Pomona, CA 91769 +	30	Per Ticket Policy (i)
Non-profit providing services to the community. +		

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: _____
 Print Name: Avianna Uribe
 Title: Ticket Administrator
 Date: 10/2/13
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
San Gabriel Valley Conservation Corp. 3017 Tyler Avenue, El Monte, CA 91731	30	Per Ticket Policy (i)
Provide youth services.		

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] Avianna Uribe Ticket Administrator 10/2/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

Date Stamp
California Form 802
 For Official Use Only
 Amendment (Must provide explanation in Part 3.)
 Date of Original Filing: _____
 (Month, Day, Year)

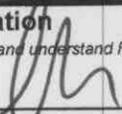
2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Concert at Hollywood Bowl
 Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No
 Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 27.00
 Date(s) 08, 01, 13
 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
USC Memory & Aging Center 1520 San Pablo St., #3000, LA, CA 90033	4	Per Ticket Policy (i)
Support for caregivers		

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

10/2/13
 (Month, Day, Year)

Comment: _____