

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

A Public Document

1. Agency Name

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

Date Stamp

California Form **802**
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: 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 \$ 34.00

Date(s) 09 / 01 / 13

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

9/30/13 (Month, Day, Year)

Comment: _____

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 First District
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Date of Original Filing: _____
(Month, Day, Year)

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 \$ 34.00

Date(s) 09 / 09 / 13

If no: Los Angeles Dodgers
Name of Source

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

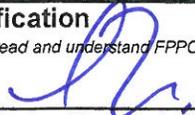
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 9/30/13

Comment: _____

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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: _____

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 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: 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 \$: 34.00

Date(s): 09 / 10 / 13

If no: Los Angeles Dodgers
 Name of Source

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

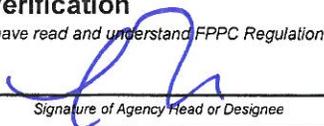
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 9/30/13

Comment: _____

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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 []
Event Description: Dodger Game
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 \$ 34.00
Date(s) 09 / 11 / 13
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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Section A: Board of Supervisors Employee, 2 tickets, Per Ticket Policy 5.3 (k). Section B: Individual recipient information with checkboxes for Ceremonial Role, Other, and Income. Section C: Outside Organization information.

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: [Handwritten Signature]
Print Name: Avianna Uribe
Title: Ticket Administrator
Date: 9/30/12 (Month, Day, Year)

Comment:

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

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 \$ 34.00

Date(s) 09 / 12 / 13

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 <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

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 Adminstrator 9/30/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name: Los Angeles County Board of Supervisors. Date Stamp: California Form 802. Designated Agency Contact: Avianna Uribe, Ticket Administrator. E-mail: Molina@lacbos.org.

2. Function or Event Information: Does the agency have a ticket policy? Yes [X]. Event Description: Dodger Game. Face Value of Each Ticket/Pass \$: 34.00. Date(s): 09/13/13. 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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Row 1: Board of Supervisors Employee, 2 tickets, Per Ticket Policy 5.3 (k).

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: [Signature]. Print Name: Avianna Uribe. Title: Ticket Administrator. Date: 9/30/13.

Comment: [Blank box]

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

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 \$ 34.00

Date(s) 09 / 14 / 13

If no: Los Angeles Dodgers
Name of Source

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

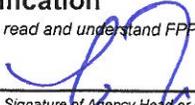
3. Recipients

• 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 <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

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	9/30/13
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

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 []
Event Description: Dodger Game
Face Value of Each Ticket/Pass \$ 34.00
Date(s) 09 / 15 / 13
Ticket(s)/Pass(es) provided by agency? Yes [] No [X]
If no: Los Angeles Dodgers
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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Section A: Board of Supervisors Employee, 2 tickets, Per Ticket Policy 5.3 (k). Section B: Individual recipients with checkboxes for Ceremonial Role, Other, and Income. Section C: Outside Organization details.

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: [Signature]
Print Name: Avianna Uribe
Title: Ticket Administrator
Date: 9/30/13

Comment: [Empty box]

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

A Public Document

1. Agency Name: Los Angeles County Board of Supervisors, Division: First District, Designated Agency Contact: Avianna Uribe, Ticket Administrator, Area Code/Phone Number: (213) 974-4111, E-mail: Molina@lacbos.org. Includes Date Stamp and California Form 802 For Official Use Only.

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 \$: 34.00, Date(s): 09/27/13, Ticket(s)/Pass(es) provided by agency? Yes [] No [X], Was ticket distribution made at the behest of agency official? No [] Yes [X].

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 with 3 columns: A. Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Row 1: Board of Supervisors Employee, 2, Per Ticket Policy 5.3 (k).

Table with 3 columns: B. Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: Ceremonial Role [], Other [], Income [].

Table with 3 columns: 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: [Signature], Name: Avianna Uribe, Title: Ticket Administrator, Date: 9/30/13.

Comment: [Empty box]

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First District <i>Designated Agency Contact (Name, Title)</i>			
Avianna Uribe, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
(213) 974-4111	Molina@lacbos.org	Date of Original Filing: <input type="text"/> <i>(Month, Day, Year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description *Provide Title/Explanation* Date(s)

Ticket(s)/Pass(es) provided by agency? Yes No If no: *Name of Source*

Was ticket distribution made at the behest of agency official? No Yes If yes: *Official's Name (Last, First)*

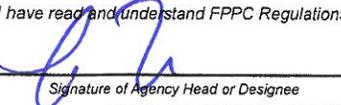
3. Recipients

• 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 <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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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

4. Verification

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

Comment:

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1. Agency Name

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 Division, Department, or Region (If Applicable)
 First District
 Designated Agency Contact (Name, Title)
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2. Function or Event Information

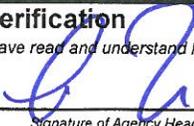
Does the agency have a ticket policy? Yes No
 Event Description Dodger Game
 Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No
 Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 34.00
 Date(s) 09 / 29 / 13
 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:
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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: 9/30/13
 (Month, Day, Year)

Comment: _____