

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 06 / 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Boyle Heights Chamber of Commerce<br>5271 E. Beverly Blvd., Los Angeles, CA 90022 | 30                           | Per Ticket Policy 5.3 (i)  |
| Non-profit community organization   |                              |  |

### 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 | 8/29/14                   |
| <i>Signature of Agency Head or Designee</i> | <i>Print Name</i> | <i>Title</i>         | <i>(Month, Day, Year)</i> |

Comment: \_\_\_\_\_

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

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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 Concert at Hollywood Bowl
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 \$ 29.00
Date(s) 08 / 06 / 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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Includes entries for Eagle Rock Chamber of Commerce and Community organization.

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: Avianna Uribe
Title: Ticket Administrator
Date: 8/29/14
Month, Day, Year

Comment:

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

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|  |            |   |
|--|------------|---|
| <b>1. Agency Name</b><br>Los Angeles County Board of Supervisors<br>Division, Department, or Region (If Applicable)<br>First District<br>Designated Agency Contact (Name, Title)<br>Avianna Uribe, Ticket Administrator<br>Area Code/Phone Number   E-mail<br>(213) 974-4111   Molina@lacbos.org | Date Stamp | <b>California Form 802</b><br>For Official Use Only |
| <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(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 \$ 29.00

Date(s) 08 / 06 / 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.

| 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"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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  |
| Friend of South El Monte Library<br>1430 N. Central Ave, South El Monte, CA 91734 | 14                           | Per Ticket Policy 5.3 (i)   |
| Volunteer support 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.

|                                      |               |                      |                    |
|--------------------------------------|---------------|----------------------|--------------------|
|                                      | Avianna Uribe | Ticket Administrator | 8/29/14            |
| Signature of Agency Head or Designee | Print Name    | Title                | (Month, Day, Year) |

Comment: \_\_\_\_\_

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

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| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 06 / 14

If no: LA Philharmonic  
*Name of Source*

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

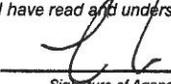
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Friends of Huntington Park Library<br>6126 Middleton St., Huntington Park, CA 90246 | 26                           | Per Ticket Policy 5.3 (i)  |
| Volunteer support 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

**Agency Report of:  
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| 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: _____<br>(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 \$ 29.00

Date(s) 08 / 06 / 14

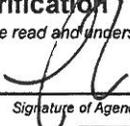
If no: LA Philharmonic  
*Name of Source*

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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Griffith Park Adult Comm. Center<br>3203 Riverside Dr., Los Angeles, CA 90027 + | 20                           | Per Ticket Policy 5.3 (i)  |
| Provides services to seniors.   |                              |  |

**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: 8/29/14 (Month, Day, Year)

Comment: \_\_\_\_\_

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| 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: _____<br>(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*

Face Value of Each Ticket/Pass \$: 22.00

Date(s): 08 / 06 / 14

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

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

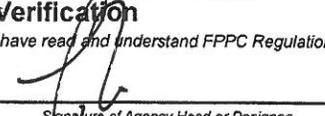
If no: LA Philharmonic  
*Name of Source*

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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Highland Park Chamber of Commerce<br>5000 York Blvd., Los Angeles, CA 90042 | 30                           | Per Ticket Policy 5.3 (i)  |
| Community organization  |                              |  |

**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): 8/29/14

Comment: \_\_\_\_\_

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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            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3) |   |
| (213) 974-4111                                  | Molina@lacbos.org | Date of Original Filing: _____<br>(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*

Face Value of Each Ticket/Pass \$ 29.00

Date(s) 08 / 06 / 14

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

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

If no: LA Philharmonic  
*Name of Source*

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

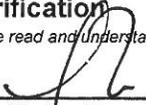
**3. Recipients**

• 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Hillside Village Property Owners Assoc.<br>4571 Yellowstone St., Los Angeles, CA 90032 | 20                           | Per Ticket Policy 5.3 (i)  |
| Community organization   |                              |  |

**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): 8/29/14

Comment: \_\_\_\_\_

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

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| First District<br><b>Designated Agency Contact (Name, Title)</b>                                  |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><small>(Month, Day, Year)</small> |   |
| 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 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 \$ 22.00

Date(s) 08 / 06 / 14

If no: LA Philharmonic  
Name of Source

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

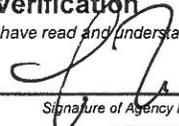
**3. Recipients**

• 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.

| 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Historic Filipinotown Chamber of Commerce<br>2205 W. Court Street, Los Angeles, CA 90026 | 30                           | Per Ticket Policy 5.3 (i)  |
| Community organization   |                              |  |

**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: 8/29/14  
(Month, Day, Year)

Comment: \_\_\_\_\_

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| 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: _____<br>(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*

Face Value of Each Ticket/Pass \$ 29.00

Date(s) 08 / 06 / 14

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

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

If no: LA Philharmonic  
*Name of Source*

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

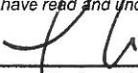
**3. Recipients**

• 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Hollenbeck Youth Center<br>2015 E. First Street, Los Angeles, CA 90033 | 30                           | Per Ticket Policy 5.3 (i)  |
| Provides 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 of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

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|   |                   |  |   |
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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            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |   |
| (213) 974-4111                                  | Molina@lacbos.org | Date of Original Filing: _____<br>(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 \$ 29.00

Date(s) 08 / 06 / 14

If no: LA Philharmonic  
*Name of Source*

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

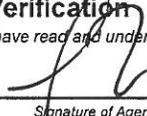
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Little Tokyo Service Center<br>231 E. 3rd Street, Los Angeles, CA 90013 | 20                           | Per Ticket Policy 5.3 (i)  |
| Provides 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 06 / 14

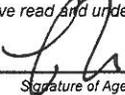
If no: LA Philharmonic  
*Name of Source*

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.

| 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"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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  |
| MacArthur Park Recreation Center<br>2230 W. 6th Street, Los Angeles, CA 90057 + | 30                           | Per Ticket Policy 5.3 (i)   |
| Offers recreational, physical and cultural opportunities 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: 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|  |                   |   |   |
|--|-------------------|---|---|
| <b>1. Agency Name</b>  |                   | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors<br>Division, Department, or Region (If Applicable) |                   |   |   |
| First District<br>Designated Agency Contact (Name, Title)                                  |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><small>(Month, Day, Year)</small> |   |
| 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 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 \$ 29.00

Date(s) 08 / 06 / 14

If no: LA Philharmonic  
Name of Source

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

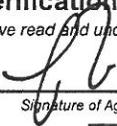
**3. Recipients**

• 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.

| 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Neighborhood Music School<br>358 S. Boyle Ave., Los Angeles, CA 90033 +          | 20                           | Per Ticket Policy 5.3 (i)  |
| Non-profit organization providing music lessons to the youth in 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |   |   |
|---|-------------------|---|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp  | California Form <b>802</b><br>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: _____<br>(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 \$ 29.00

Date(s) 08 / 06 / 14

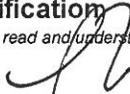
If no: LA Philharmonic  
*Name of Source*

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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Pico Rivera Neighborhood Watch<br>4324 Deland Ave., Pico Rivera, CA 90660 | 30                           | Per Ticket Policy 5.3 (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): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |                            |
|---|-------------------|--|----------------------------|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b> |
| 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: _____<br>(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 \$ 29.00

Date(s) 08 / 07 / 14

If no: LA Philharmonic  
*Name of Source*

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

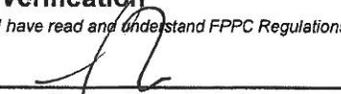
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Arbol Verde Preservation Committee<br>243 N. Indian Hill Bl., Claremont, CA 91711 | 30                           | Per Ticket Policy 5.3 (i)  |
| Non-profit historic Arbol Verde neighborhood 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
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| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 Hollywood Bowl  
*Provide Title/Explanation*

Face Value of Each Ticket/Pass \$ 29.00

Date(s) 08 / 07 / 14

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

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

If no: LA Philharmonic  
*Name of Source*

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

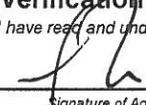
**3. Recipients**

• 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Friends of the Chinatown Library<br>639 N. Hill St., Los Angeles, CA 90012 | 30                           | Per Ticket Policy 5.3 (i)  |
| Volunteer support 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |   |   |
|---|-------------------|---|---|
| 1. Agency Name                                  |                   | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |   |   |
| Division, Department, or Region (If Applicable) |                   |   |   |
| First District                                  |                   |   |   |
| Designated Agency Contact (Name, Title)         |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><small>(Month, Day, Year)</small> |   |
| 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 Hollywood Bowl  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 29.00

Date(s) 08, 07, 14

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

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

If no: LA Philharmonic  
Name of Source

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

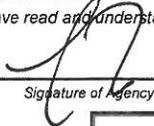
3. Recipients

• 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Gen Federation Women's Club<br>6126 Middleton St., Huntington Park, CA 90255 | 22                           | Per Ticket Policy 5.3 (i)  |
| Volunteer support services for 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 07 / 14

If no: LA Philharmonic  
*Name of Source*

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

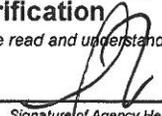
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| LA CAUSA Youth Build<br>5400 E. Olympic Bl., Los Angeles, CA 90022 | 20                           | Per Ticket Policy 5.3 (i)  |
| Provides 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 of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>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: _____<br>(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 \$ 29.00

Date(s) 08 / 07 / 14

If no: LA Philharmonic  
*Name of Source*

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

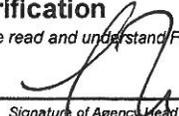
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| La Puente Women's Club<br>200 N. 1st Street, La Puente, CA 91744  | 16                           | Per Ticket Policy 5.3 (i)  |
| Volunteer support services for 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

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|  |  |   |
|--|--|---|
| <b>1. Agency Name</b><br>Los Angeles County Board of Supervisors<br>Division, Department, or Region (If Applicable)<br>First District<br>Designated Agency Contact (Name, Title)<br>Avianna Uribe, Ticket Administrator<br>Area Code/Phone Number    E-mail<br>(213) 974-4111                      Molina@lacbos.org |  | Date Stamp<br>California Form <b>802</b><br>For Official Use Only |
| <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(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 \$ 29.00

Date(s) 08 / 07 / 14

If no: LA Philharmonic  
Name of Source

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

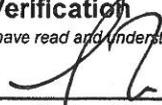
### 3. Recipients

• 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.

| 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Monterey Park Quanzhou Sister City<br>5266 E. Pomona, Los Angeles, CA 90022 | 16                           | Per Ticket Policy 5.3 (i)  |
| Volunteer support 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.


Avianna Uribe
Ticket Administrator
8/29/14  
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**

|   |                   |  |                            |
|---|-------------------|--|----------------------------|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b> |
| 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: _____<br>(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 \$ 22.00

Date(s) 08 / 13 / 14

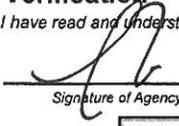
If no: LA Philharmonic  
*Name of Source*

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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Asian Youth Center<br>100 Clay Avenue, San Gabriel, CA 91766 +    | 50                           | Per Ticket Policy 5.3 (i)  |
| Provides 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 of Agency Head or Designee: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>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: _____<br>(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 \$ 22.00

Date(s) 08 / 13 / 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Highland Park Chamber<br>5000 York Blvd., Los Angeles, CA 90042   | 30                           | Per Ticket Policy 5.3 (i)  |
| Community organization  |                              |  |

**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): 8/29/14

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, For Official Use Only. Designated Agency Contact: Avianna Uribe, Ticket Administrator. E-mail: Molina@lacbos.org. Date of Original Filing: 08/29/14.

2. Function or Event Information: Does the agency have a ticket policy? Yes [X]. Event Description: Concert at Hollywood Bowl. Face Value of Each Ticket/Pass \$: 29.00. Date(s): 08/19/14. If no: LA Philharmonic. 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: Evergreen Baptist Church, 30 tickets, Per Ticket Policy 5.3 (i).

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. Title: Ticket Administrator. Date: 8/29/14.

Comment:

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 19 / 14

If no: LA Philharmonic  
*Name of Source*

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

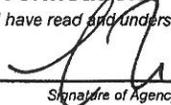
### 3. Recipients

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Hollenbeck Palms<br>573 S. Boyle Ave., Los Angeles, CA 90023      | 30                           | Per Ticket Policy 5.3 (i)  |
| Provides services to seniors.                                     |                              |  |

**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

8/29/14  
 (Month, Day, Year)

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |   |   |
|---|-------------------|---|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |   |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><small>(Month, Day, Year)</small> |   |
| 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 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 \$ 29.00

Date(s) 08 / 19 / 14

If no: LA Philharmonic  
Name of Source

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

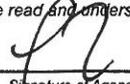
**3. Recipients**

• 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.

| 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Lincoln Park Seniors<br>3501 Valley Blvd., Los Angeles, CA 90031  | 30                           | Per Ticket Policy 5.3 (i)  |
| Provides services to seniors.                                     |                              |  |

**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: 8/29/14

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 19 / 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Never Alone Widows Program<br>111 S. Margarita Ave, Monterey Park, CA 91754 | 30                           | Per Ticket Policy 5.3 (i)  |
| Community support group.  |                              |  |

**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 | 8/29/14            |
| 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

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 Hollywood Bowl  
*Provide Title/Explanation*

Face Value of Each Ticket/Pass \$ 29.00

Date(s) 08 / 19 / 14

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

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

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"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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  |
| Optimist Youth Home<br>6957 N. Figueroa St., Los Angeles, CA 90041 | 10                           | Per Ticket Policy 5.3 (i)   |
| Non-profit organization serving at-risk youth and their 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: 

Print Name: Avianna Uribe

Title: Ticket Administrator

(Month, Day, Year): 8/29/17

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 29.00

Date(s) 08 / 19 / 14

If no: LA Philharmonic  
*Name of Source*

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

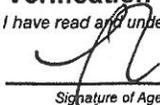
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Veterans in El Monte<br>14522 Clark St., Baldwin Park, CA 91706 + | 30 +                         | Per Ticket Policy 5.3 (i)  |
| Community organization providing services to veterans. +          |                              |  |

**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
8/27/14  
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

|   |                   |  |                            |
|---|-------------------|--|----------------------------|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | <b>California Form 802</b> |
| 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: _____<br><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 \$ 22.00

Date(s) 08 / 21 / 14

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

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

If no: LA Philharmonic Name of Source

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

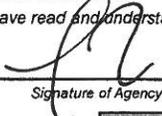
**3. Recipients**

• 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| American Cancer Society<br>500 W. Montebello Bl., Rosemead, CA 91770 +           | 32 +                         | Per Ticket Policy 5.3 (i)  |
| Community-based voluntary health organization. +                                 |                              |  |

**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 | 5/29/14<br><small>(Month, Day, Year)</small> |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> |  |

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>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: _____<br>(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*

Face Value of Each Ticket/Pass \$ 22.00

Date(s) 08 / 21 / 14

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)*

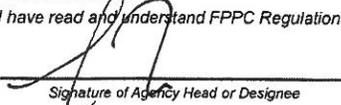
**3. Recipients**

• 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.

| 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Evangelical Formosan Church<br>9537 Telstar Ave., El Monte, CA 91733 | 30                           | Per Ticket Policy 5.3 (i)  |
| Provides 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

(Month, Day, Year): 8/29/17

Comment: \_\_\_\_\_

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

A Public Document

|  |  |   |
|--|--|---|
| <b>1. Agency Name</b><br>Los Angeles County Board of Supervisors<br>Division, Department, or Region (If Applicable)<br>First District<br>Designated Agency Contact (Name, Title)<br>Avianna Uribe, Ticket Administrator<br>Area Code/Phone Number      E-mail<br>(213) 974-4111      Molina@lacbos.org |  | Date Stamp<br>California Form <b>802</b><br>For Official Use Only |
| <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(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 \$ 22.00

Date(s) 08 / 21 / 14

If no: LA Philharmonic  
Name of Source

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

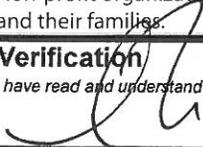
## 3. Recipients

• 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.

| 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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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   |
| Optimist Youth Home<br>6957 N. Figueroa St., Los Angeles, CA 90041 | 10                           | Per Ticket Policy 5.3 (i)  |
| Non-profit organization serving at-risk youth and their 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.

|   |                             |                               |                               |
|---|-----------------------------|-------------------------------|-------------------------------|
| <br>Signature of Agency Head or Designee | Avianna Uribe<br>Print Name | Ticket Administrator<br>Title | 8/29/14<br>(Month, Day, Year) |
|---|-----------------------------|-------------------------------|-------------------------------|

Comment: \_\_\_\_\_

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

A Public Document

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Agency Name</b>                           |                   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Los Angeles County Board of Supervisors         |                   |  |   |
| Division, Department, or Region (If Applicable) |                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 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 \$ 22.00

Date(s) 08 / 21 / 14

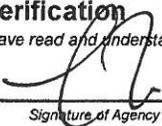
If no: LA Philharmonic  
*Name of Source*

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.

| 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"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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  |
| San Gabriel Valley Conservation Corp.<br>3903 Tyler Ave., El Monte, CA 91731 | 25                           | Per Ticket Policy 5.3 (i)   |
| Organization assisting disadvantaged youth                                   |                              |   |

**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

8/29/14  
 (Month, Day, Year)

Comment: \_\_\_\_\_