

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

**A Public Document**

<p><b>1. Agency Name</b></p> <p>County of Los Angeles</p> <p>Division, Department, or Region (if applicable) Board of Supervisors - First District</p> <p>Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012</p> <p>Designated Agency Contact (Name, Title) Joanie Paul - Ticket Administrator</p> <p>Area Code/Phone Number: 213-974-4111      E-mail: Molina@lacobos.org</p>	<p>Date Stamp</p>	<p><b>California Form 802</b> For Official Use Only</p>
<p><input type="checkbox"/> Amendment (Must provide explanation in Part 3.)</p> <p>Date of Original Filing: _____ (month, day, year)</p>		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl      Face Value of Each Admission \$ 29.00

Description: Concert      Date(s): 08 / 25 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
*Name of Source*

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
*Official's Name (Last, First) and Title*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Manuel Carmona	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>
A Better Bassett		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
10009 North Marguerita Ave, Apt. C		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Alhambra, CA 91801		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Support Community Organization		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee	<p>Joanie Paul</p> <hr/> Print Name	<p>Ticket Administrator</p> <hr/> Title	<p>8/25/11</p> <hr/> (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Agency Report of:  
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<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul - Ticket Administrator Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl  
 Description: Concert  
 Face Value of Each Admission \$: 29.00  
 Date(s): 08 / 16 / 11  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

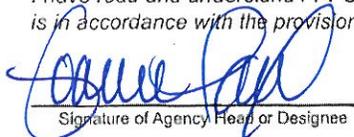
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Lourdes Caracoza	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Alma Family Services		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4701 East Cesar E. Chavez Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90022		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Organization		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

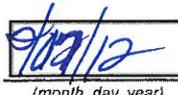
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Joanie Paul  
Print Name

Ticket Administrator  
Title

  
(month, day, year)

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 Description: Concert  
 Face Value of Each Admission \$: 29.00  
 Date(s): 08 / 25 / 11  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

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 Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Michelle Vioratio	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Arroyo High School Band & Colorguard		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
2902 Allgeyer Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
El Monte, CA 91732		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Organization		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**  
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee:  Print Name: Joanie Paul Title: Ticket Administrator Date: 9/7/12  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl

Face Value of Each Admission \$: 29.00

Description: Concert

Date(s): 08 / 25 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
*Name of Source*

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*Official's Name (Last, First) and Title*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
John Wu	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Asian Pacific Family Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
9353 Easy Valley Blvd., Suite C		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Rosemead, CA 91770		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Organization		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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Signature of Agency Head or Designee: 

Print Name: Joanie Paul

Title: Ticket Administrator

(month, day, year): 9/2/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl

Face Value of Each Admission \$: 29.00

Description: Concert

Date(s): 09 / 15 / 11

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Steven Castro	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Azusa Chamber of Commerce		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
240 West Foothill Boulevard		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Azusa, CA 91702		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Organization		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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Signature of Agency Head or Designee: 

Print Name: Joanie Paul

Title: Ticket Administrator

(month, day, year): 5/7/12

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213-974-4111	Molina@lacbos.org		

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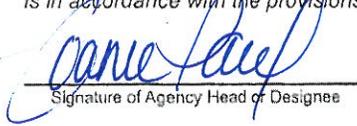
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Martin Rascon	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Belvedere Park		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4914 East Cesar E. Chavez Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90022		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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Print Name: Joanie Paul

Title: Ticket Administrator

Date: 9/1/12  
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The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Gigi Gordon	15	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Bilingual Foundation of the Arts		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
421 North Avenue 19		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90031		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	
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213-974-4111	Molina@lacbos.org		

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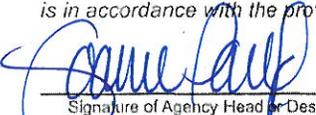
Yes  No  If yes: Supervisor Gloria Molina  
*Official's Name (Last, First) and Title*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Roberto Mendez	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Burke Middle School		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
8101 Orange Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Pico Rivera, CA 90660		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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Print Name: Joanie Paul

Title: Ticket Administrator

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Title: LA Philharmonic Performance at Hollywood Bowl  
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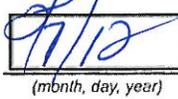
The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Courtney Ramsey	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Central High School / Tri-C		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
716 East 14th Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90021		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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Joanie Paul
 Ticket Administrator


Print Name
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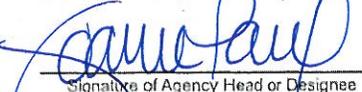
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Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Julia Soler	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Children's Bureau		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
14600 Ramona Boulevard		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Baldwin Park, CA 91706		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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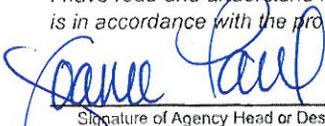
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Junka Takamatsu	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Chinese Chamber of Commerce of LA		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
977 North Broadway, Suite E		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90012		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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(month, day, year): 7/12

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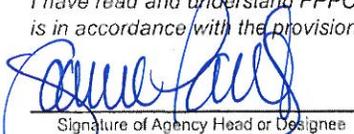
Yes  No  If yes: Supervisor Gloria Molina  
*Official's Name (Last, First) and Title*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Lizet Olmos	47	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
City of Pico Rivera Senior Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
9200 Mines Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Pico Rivera, CA 90660		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee	<p>Joanie Paul</p> <p>Print Name</p>	<p>Ticket Administrator</p> <p>Title</p>	<p>8/12/10</p> <p>(month, day, year)</p>
---	--------------------------------------	--	--

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul - Ticket Administrator		Date of Original Filing: <input type="text"/>	
Area Code/Phone Number	E-mail	(month, day, year)	
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title:  Face Value of Each Admission \$

Description:  Date(s)  /  /

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes:  Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Wendy Flores	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
City of South El Monte Senior Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1556 Central Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
South El Monte, CA 91733		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

    Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)  
Board of Supervisors - First District

Street Address  
500 West Temple Street, Suite 856, Los Angeles, CA 90012

Designated Agency Contact (Name, Title)  
Joanie Paul - Ticket Administrator

Area Code/Phone Number  
213-974-4111

E-mail  
Molina@lacos.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, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl

Face Value of Each Admission \$ 29.00

Description Concert

Date(s) 09 / 08 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Maria Gonzalez	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Resource Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
10750 Laurel Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Whittier, CA 90605		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

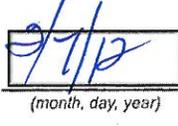
3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: 

Print Name: Joanie Paul

Title: Ticket Administrator

(month, day, year): 

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul - Ticket Administrator Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl  
 Description: Concert  
 Face Value of Each Admission \$: 29.00  
 Date(s): 08 / 18 / 11  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

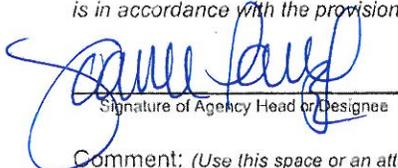
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Philip Ruiz	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Diamond Ranch H.S. Music Dept		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
100 Diamond Ranch Road		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Pomona, CA 91744		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support Community Programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee  
 Joanie Paul  
 Print Name  
 Ticket Administrator  
 Title  
 2/7/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Joanie Paul			
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 89.00

Description: Concert Date(s) 09 / 06 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Michael Nogueira	10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Eagle Rock Chamber of Commerce		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4771 Eagle Rock Boulevard		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90041		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
9/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number   E-mail 213-974-4111   Molina@lacbos.org		Date Stamp California <b>802</b> Form For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s): 08 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

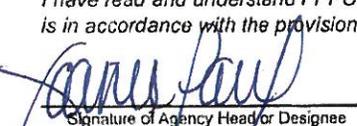
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Rosaeia Galvan	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
East Los Angeles Occupational Center		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
2100 Marengo Street		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Los Angeles, CA 90033		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Joanie Paul  
 Print Name
 

 Ticket Administrator  
 Title
 

2/7/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California <b>802</b> Form For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 08 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Janie Wilson	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
East Valley Community Health Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
680 Fairplex Drive		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Pomona, CA 91768		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

Joanie Paul
 Print Name

Ticket Administrator
 Title

9/7/10
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 09 / 08 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

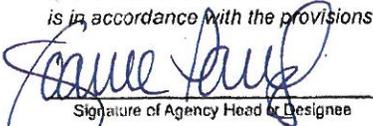
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Herlinda Ponder	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Eastmont Community Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
701 South Hoefner		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90022		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

Joanie Paul
 
 Ticket Administrator
 
 Title

\_\_\_\_\_
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

\_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 08 / 25 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

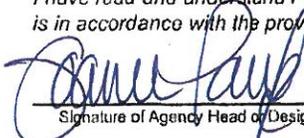
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Magda Torrellas	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
El Monte American Legion		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
4542 North Peck Road		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
El Monte, CA 91732		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Joanie Paul  
 Print Name
 

 Ticket Administrator  
 Title
 

9/7/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp  California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 08 / 16 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

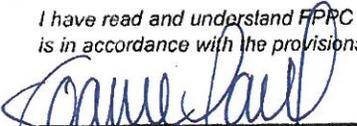
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Ericka Alvarez	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
El Monte Library		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
3224 Tyler Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
El Monte, CA 91744		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Print Name
 
 Title
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California <b>802</b> Form For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s): 09, 13, 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

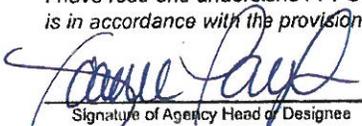
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Reggie Cordero	60	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
El Rancho High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
6501 South Passons Boulevard		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Pico Rivera, CA 90660		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

Joanie Paul
 
 Ticket Administrator
 
 7/12
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s): 09, 06, 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

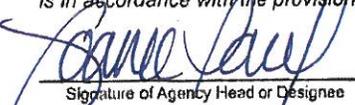
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Ariel Legaspi	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
El Sereno Middle School		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
2839 North Eastern Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90032		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Joanie Paul  
 Print Name
 

 Ticket Administrator  
 Title
 

9/11/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 08 / 23 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Veronica Gonzalez	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Franklin High School Band		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
820 North Avenue 54		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90042		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 Joanie Paul
 Print Name
 Ticket Administrator
 Title
 8/21/12
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 09/06/11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Teri Bonsell	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Franklin High School PTSA		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4825 San Marcos Place		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90042		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
9/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance @ Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 08 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Roberta Marquez	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Friends of the South El Monte Library		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1430 North Central Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
South El Monte, CA 91733		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee: Joanie Paul Print Name  
Ticket Administrator Title  
7/2/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
---	--	---

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 09 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Ruth Wash	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Friends of the Sunkist Library		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
840 North Puente Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
La Puente, CA 91746		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Print Name
 
 Title
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 4.00

Description Concert Date(s) 08 / 30 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

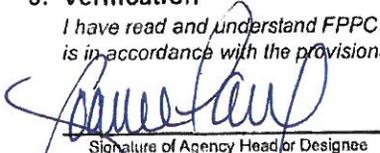
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Kate Harmatz	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Grand Performances		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
350 South Grand Avenue, Suite A-4		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90071		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

Joanie Paul
 Print Name

Ticket Administrator
 Title

8/30/11
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title LA Philharmonic Performance At Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 08 / 16 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Martin Mai	10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Great Leap, Inc.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1145 Wilshire Boulevard, Suite 100-D		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90017		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Print Name
 
 Title
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)			
Joanie Paul		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: <input type="text"/>	
213-974-4111	Molina@lacbos.org	(month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 39.00

Description: Concert Date(s) 09 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission-as-taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Martha House	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Greater La Puente Meals on Wheels		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Post Office Box 3293		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
City of Industry, CA 91774		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

     
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title LA Philharmonic Performance At Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 08/30/11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

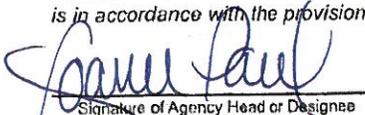
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Yvonne Sarceda	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Hathaway-Sycamores		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
840 North Avenue 66		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90042		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

Joanie Paul Print Name

Ticket Administrator Title


 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 99.00

Description: Concert Date(s) 08 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

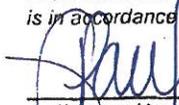
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

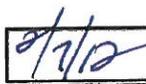
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Jessica Maria Alicea-Covarrubias	15	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Heritage Square Museum		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
3800 Homer Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90031		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Joanie Paul  
 Print Name
 

 Ticket Administrator  
 Title
 

  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 09 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

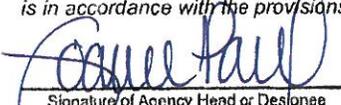
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Yolanda Nogueira	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
Highland Park Chamber of Commerce		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
1270 North Avenue 50		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Los Angeles, CA 90042		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Joanie Paul  
 Print Name
 

 Ticket Administrator  
 Title
 

9/7/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California <b>802</b> Form For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s) 08 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

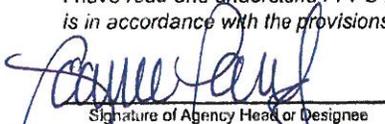
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Carmela Gomes	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
Highland Park Heritage Trust		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
1326 North Avenue 54		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Los Angeles, CA 90042		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

Joanie Paul  
 Print Name

Ticket Administrator  
 Title

8/2/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

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**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 59.00

Description: Concert Date(s) 08 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Rochelle Williams	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Inland Valley Hope Partners		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1753 North Park Avenue, No. 19		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Pomona, CA 91768		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
9/7/10 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Joanie Paul			
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 09.00

Description: Concert Date(s) 09 / 13 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

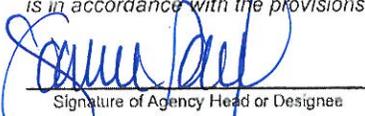
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Roger Hirst	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Immanuel Family Resource Center		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1800 East 85th Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90001		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Joanie Paul  
 Print Name
 

 Ticket Administrator  
 Title
 

9/13/11  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors - First District			
Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Joanie Paul			
Area Code/Phone Number 213-974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 09 / 08 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Lauren Deck	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Inside Out Community Arts		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
2210 Lincoln Boulevard		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Venice, CA 90291		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
07/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)



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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul		Date of Original Filing: <input type="text"/>	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 08 / 30 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Michael Lumplab	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
International Documentary Assoc.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1201 West 5th Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90017		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
2/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)



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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp California <b>802</b> Form For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title LA Philharmonic Performance @ Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 09 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

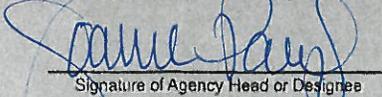
Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Leonard Garcia	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Huntington Park Dept. of Parks & Rec		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
3401 East Florence Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Huntington Park, CA 90255		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 Joanie Paul
 Print Name
 Ticket Administrator
 Title
 9/7/12
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Joanie Paul		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.<sup>00</sup>

Description Concert Date(s) 08 / 30 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Leonard Garcia	44	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Huntington Park Dept. of Parks & Rec		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
3401 East Florence Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Huntington Park, CA 90255		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
2/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) Board of Supervisors - First District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Joanie Paul			
Area Code/Phone Number 213-974-4111	E-mail Molina@lacbos.org		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Concert Date(s): 08 / 30 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Martin Garcia	8	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Hollenbeck Middle School		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
2510 West 6th Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90032		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
9/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) Board of Supervisors - First District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Joanie Paul			
Area Code/Phone Number 213-974-4111	E-mail Molina@lacbos.org		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance @ Hollywood Bowl Face Value of Each Admission \$ 29.00

Description: Performance / Concert Date(s): 09 / 06 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Alva Tedesco	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Holland Middle School		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
152 West College Way		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Claremont, CA 91711		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
2/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance @ Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 09 / 08 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
James Arenas	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Hispanic Outreach Taskforce		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
6706 Friends Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Whittier, CA 90601		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Joanie Paul Signature of Agency Head or Designee  
Joanie Paul Print Name  
Ticket Administrator Title  
9/7/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

\_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856 Designated Agency Contact (Name, Title) Joanie Paul - Ticket Administrator Area Code/Phone Number      E-mail 213-974-4111                      Molina@lacbos.org	Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl  
 Description: Concert  
 Face Value of Each Admission \$ 29.00  
 Date(s) 08 / 16 / 11  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Marlinda Menashe	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>
LA Opera		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
135 North Grand Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Los Angeles, CA 90012		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Support community programs		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee	Joanie Paul Print Name	Ticket Administrator Title	2/8/12 (month, day, year)
--	---------------------------	-------------------------------	------------------------------

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856			
Designated Agency Contact (Name, Title)			
Joanie Paul - Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl

Description: Concert

Face Value of Each Admission \$: 29.00

Date(s): 08 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Suzanna Guzman	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
LA County High School for the Arts		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
5151 State University Drive		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90032		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee:  Joanie Paul Ticket Administrator 9/8/12  
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 08 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Isela Sotelu	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Los Angeles Music and Art School		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
3630 East 3rd Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90063		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Joanie Paul Ticket Administrator 9/7/12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856 Designated Agency Contact (Name, Title) Joanie Paul - Ticket Administrator Area Code/Phone Number 213-974-4111 E-mail Molina@lacbos.org		Date Stamp  California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title: LA Philharmonic Performance at Hollywood Bowl  
 Description: Concert  
 Face Value of Each Admission \$: 29.00  
 Date(s): 08 / 18 / 11  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Maggie Barto	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Lummis Community Foundation		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1326 North Avenue 54		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90042		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Print Name
 
 Title
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - First District			
Street Address			
500 West Temple Street, Suite 856			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Joanie Paul - Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl

Face Value of Each Admission \$: 29.00

Description: Concert

Date(s): 09 / 08 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Supervisor Gloria Molina  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Frank Coronado	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
Mayberry Park		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
13201 Meyer Road		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Whittier, CA 90605		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee
 
 Print Name
 
 Title
 
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)