Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name Los Angeles County				Date Stamp	California 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors - Firs					
Street Address			·		
500 West Temple Street, S	Suite 856, Los Ang	geles, CA 900)12		
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.c	org		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and title Joanie Paul - Senior Admir		t / Ticket Adm	inistrator	Date of Original Filing:	(month, day, year)
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event: 08 /20) <u></u>	cription of Eve	nt: LA Philharn	nonic at Hollywood Bo	wl .
	/ Face	Value of Tick	et: \$		
Agency Event Yes	➤ No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received	l: <u>30</u>	Ticket(s) Pro	vided to Agency	y: 🗷 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	on sheet for addit	ional names)	
Name of Office	cial _.	Number		ner the Distribution is Inco	
(Last, First)		of Tickets	Descrit	e the Public Purpose for	the Distribution
	~		****		
4. Individual or Organization	on Receiving Tic	:ket(s) (Provid	led at the behest	of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Gloria Molin	a		
Name of Individual or Organ	Sierra Vist	a Middle Sch	ool	Number	30 of Tickets:
	Middle school loc			Number	or Honeto.
Description of Organization:	- Wilder School loc		ist District.		
158	801 South Sierra \	/ista Court	La P	uente	CA 91744
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	tribution to the or	rganization.)	
5.3h) Promoting public and		ō		•	
9 pane	· · · · · · · · · · · · · · · · · · ·		- Carrier Toolage		
5. Verification	50 - 100 - 100 - 100				-
I have determined that the distri	bution of tickets set f	orth above is in	accordance with	the provisions of FPPC R	Regulation 18944.1.
raine aux	Joanie Paul	<u> </u>		Administrator	02/23/10
Signature of Agency Head of Designe Comment: (Use this space of an		Print Name ditional informatio	n including amendr	Title ment explanation.)	(month, day, year)
	<u> </u>		The second of the second		

Agency Report A Public Docum	nent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name Los Angeles County	Date Stamp	California 802
Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address		For Official Use Only
500 West Temple Street, Suite 856, Los Angeles, CA 90012		
Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Agency Contact (name and title)	Date of Original Filing:	#0.00 € 1.00 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
Joanie Paul - Senior Administrative Assistant / Ticket Administrator		(month, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event: 08 / 13 / 09 Description of Event: LA Philha Face Value of Ticket: \$26.00	armonic at Hollywood E	Bowl
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency:	ncy: 🗷 Gratuitously	☐ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ad	dditional names)	· · · · · · · · · · · · · · · · · · ·
	nether the Distribution is Inc cribe the Public Purpose fo	
4. Individual or Organization Receiving Ticket(s) (Provided at the behaving of Repeating Agency Officials	est of an agency official.)	1
Name of Behesting Agency Official: Saturday Night Bath Concert Name of Individual or Organization:	Numb	er of Tickets:
Organization that provides hands-on music Description of Organization:	,	and the contrast the
Address of Organization: Number and Street Cit Cit	edondo Beach	CA 90278 State Zip Code

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Canil House

Joanie Paul

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5.3i) Supporting community programs that benefit County residents.

Ticket Administrator

02/23/10

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Tickets Provided by TICKETS PROVIDED BY A Public Document **Agency Report** AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County Form 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 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (213) 974-4111 Molina@lacbos.org Agency Contact (name and title) Date of Original Filing: _ (month, day, year) Joanie Paul - Senior Administrative Assistant / Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl Date(s) of Event: 08 11 Description of Event: Face Value of Ticket: Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: _ Number of Tickets Received: 9 Ticket(s) Provided to Agency: ✓ Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or (Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: Saturday Night Bath Concert Name of Individual or Organization: Number of Tickets: . Organization that provides hands-on music therapy to youths. Description of Organization: 1804-A Carnegie Lane CA 90278 Redondo Beach Address of Organization: Slate Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Supporting community programs that benefit County residents.

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.)

Ticket Administrator

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Joanie Paul

5. Verification

02/23/10

Agency Report	A Pub	lic Documer	nt	TICK	ETS PROVIDED AGENCY REPO
1. Agency Name Los Angeles County			Date Stamp	Californ Form	
Division, Department, or Region (if applicable)				For Off	icial Use Only
Board of Supervisors - First District	tij				學
Street Address			9		
500 West Temple Street, Suite 856, Los A	Angeles, CA 900)12			
Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbo	ne ora	Visit in the second	Amendment (Must	explain in Part 5.)	
Agency Contact (name and title)			Date of Original Filing		
Joanie Paul - Senior Administrative Assist	ant / Ticket Adm	1	Date of Original Filling.	(month, day,	уваг)
2. Event For Which Tickets Were Distrib	outed	I A Dhilharm	ania at Hallyayaad l	Doud	
	escription of Eve	nt:	onic at Hollywood I	50WI.	
/ Fa	ace Value of Tick	et: \$ 26.00			
	ify source of ticke				
	1.4	A Philharmonic			
Name of Outside Source of Ticket(s) Provid	ed to Agency:				
Number of Tickets Received: 10	Ticket(s) Pro	vided to Agency:	▼ Gratuitously	Pursuar	nt to Contra
3. Agency Official(s) Receiving Ticket(s		The same of the sa			
Name of Official (Last, First)	Number	State Whether	er the Distribution is Ir		
Name of Official		State Whether			
Name of Official	Number	State Whether	er the Distribution is Ir		
Name of Official	Number	State Whether	er the Distribution is Ir		
Name of Official	Number	State Whether	er the Distribution is Ir		
Name of Official	Number of Tickets	State Whethe Describe	er the Distribution is Ir the Public Purpose f		
Name of Official (Last, First) 1. Individual or Organization Receiving	Number of Tickets	State Whether Describe	er the Distribution is Ir the Public Purpose f		
Name of Official (Last, First) 1. Individual or Organization Receiving Name of Behesting Agency Official:	Number of Tickets Ticket(s) (Providing Moline)	State Whether Describe Describ	er the Distribution is Ir the Public Purpose f		ition
Name of Official (Last, First) 4. Individual or Organization Receiving Name of Behesting Agency Official: San Jos	Number of Tickets Ticket(s) (Providence of Ticket(s))	State Whether Describe Describ	er the Distribution is Ir the Public Purpose f		ntion
Name of Official (Last, First) 1. Individual or Organization Receiving Name of Behesting Agency Official: San Jos Name of Individual or Organization:	Number of Tickets Ticket(s) (Providing Molinum See Elementary S	State Whether Describe Describ	er the Distribution is Ir the Public Purpose f	or the Distribu	ntion
Name of Official (Last, First) 1. Individual or Organization Receiving Name of Behesting Agency Official: San Jos Name of Individual or Organization:	Number of Tickets Ticket(s) (Providing Moline)	State Whether Describe Describ	er the Distribution is Ir the Public Purpose f	or the Distribu	ntion
Name of Official (Last, First) I. Individual or Organization Receiving Superv Name of Behesting Agency Official: San Jos Name of Individual or Organization: Elementary sc Description of Organization: 2015 Cadillac Driv	Number of Tickets Ticket(s) (Providing Moling See Elementary See Theology 1988)	State Whether Describe Describ	er the Distribution is Ir the Public Purpose f f an agency official.) Numb	or the Distribu	ntion
Name of Official (Last, First) 1. Individual or Organization Receiving Superv Name of Behesting Agency Official: San Jos Name of Individual or Organization: Elementary sc Description of Organization:	Number of Tickets Ticket(s) (Providing Moling See Elementary See Theology 1988)	State Whether Described at the behest of a school the First District.	er the Distribution is Ir the Public Purpose f f an agency official.) Numb	or the Distribu	10 91767
Name of Official (Last, First) 1. Individual or Organization Receiving Name of Behesting Agency Official: San Jos Name of Individual or Organization: Elementary sc Description of Organization: 2015 Cadillac Driv Address of Organization:	Number of Tickets Ticket(s) (Providing isor Gloria Molinus Elementary Support in the control of	State Whether Described ded at the behest of the state of	er the Distribution is Ir the Public Purpose for the Public Public Purpose for the Public Pu	or the Distribu	10 91767
Name of Official (Last, First) 4. Individual or Organization Receiving Superving Name of Behesting Agency Official: San Jos Name of Individual or Organization: Elementary sc Description of Organization: 2015 Cadillac Driv Address of Organization: Number and Street	Number of Tickets Ticket(s) (Providing and Incomplete and Incompl	State Whether Describe Describ	er the Distribution is Ir the Public Purpose for the Public Public Purpose for the Public	or the Distribu	tion

Joanie Paul

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

Signature of Agency Head or Designee

Print Name

02/23/10

(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent		TICKETS PRO	
1. Agency Name Los Angeles County				Date Stamp		lifornia E	302
Division, Department, or Re	gion (if applicable)				F	or Official Use	Only
Board of Supervisors - First	st District					9 2	
Street Address				1		297	
500 West Temple Street,	Suite 856, Los Ang	eles, CA 900)12				
Area Code/Phone Number	E-mail			Amendment (A	Must avalain in E	Part 5)	
(213) 974-4111	Molina@lacbos.o	org		Americanent (мозг өхріані ін г	an s.j	
Agency Contact (name and title Joanie Paul - Senior Admi	99 7 00	/ Ticket Adm	ninistrator	Date of Original Fil	ling:(mont	h, day, year)	_
2. Event For Which Ticket	s Were Distribute	ed					
Date(s) of Event: 08 /00	6 <u>/</u> 09 Desc	ription of Eve	LA Philharr nt:	monic at Hollywoo	od Bowl.		
	/ Face	Value of Tick					
Agency Event Yes	■ No (Identify s	ource of ticke	ets below.)				
		LA	A Philharmonic	:			
Name of Outside Source of	Ticket(c) Provided t	o Agonov		•			
Name of Outside Source of		to Agency:		·			
Name of Outside Source of Number of Tickets Received		io Agency:		y: 🗷 Gratuitousl	y 🔲 Pur	suant to Co	ontra
	d: <u>10</u>	to Agency: Ticket(s) Pro	vided to Agend	y: 🗷 Gratuitousl	y 🗖 Pur	suant to Co	ontra
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Number of Tickets Received 3. Agency Official(s) Rece	d: 10 iving Ticket(s) (us	Ticket(s) Pro	vided to Agencon sheet for addi	y: 🗷 Gratuitousl	is Income to	the Official o	
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Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece	on Receiving Ticket(s) (use cial Supervisor Official: San Jose Enization: Elementary school 115 Cadillac Drive	Ticket(s) Prose a continuation Number of Tickets ket(s) (Providence Gloria Moline Elementary S	on sheet for addi State Whet Descri	tional names) her the Distribution be the Public Purpo t of an agency officia	is Income to see for the Di al.)	the Official ostribution ckets: 10	67
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I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

Joanie Paul

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

re of Agency Head or Designes

Ticket Administrator

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

02/23/10

(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICI	ETS PROVIDE AGENCY REF
1. Agency Name Los Angeles County			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date Stamp	Califo For	
Division, Department, or Reg	ion (if applicable)			+	For O	fficial Use Only
Board of Supervisors - First]	
Street Address	·			1		•
500 West Temple Street, S	Suite 856, Los Ang	eles, CA 900)12	*		
Area Code/Phone Number	E-mail	_	· · · · · · · · · · · · · · · · · · ·	☐ Amendment (Must explain in Part 5	1
(213) 974-4111	Molina@lacbos.c	org		Amendment	wost explain in Falt S	
Agency Contact (name and title, Joanie Paul - Senior Admin		/ Ticket Adm	ninistrator	Date of Original F	iling:(month, da	y, year)
2. Event For Which Tickets	Were Distribute	ed	LA DI III			
Date(s) of Event: 07 /30		ription of Eve	nt:	monic at Hollywo	ood Bowl.	
	/ Face	Value of Tick	et: \$			
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Agency Event Yes	No (Identify section) ■ No (Identify se		10			
rigorio, Everit						
Name of Outside Source of	Ticket(s) Provided t	LA Lo Agency:	A Philharmonic)		
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	5 5	lo Agency:		y; 🗵 Gratuitous	sly 🔲 Pursua	int to Contra
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Name of Outside Source of Number of Tickets Received: Agency Official(s) Received: Name of Official	ving Ticket(s) (us	Ticket(s) Prose a continuation	vided to Agencon sheet for addi	y; X Gratuitous tional names) ther the Distribution	is Income to the	Official or
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Phave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

or an attachment for any additional information including amendment explanation.)

Print Name

Doanie Paul

Comment: (Use this space)

02/23/10

(month, day, year)

Tickets Provided by	No. 22 2 22 7			
Agency Report	A Public Docum	nent	TICK	AGENCY REPOR
1. Agency Name Los Angeles County		Date Stamp	Californ Form	7.4
Division, Department, or Region (if applicable)			For Off	ficial Use Only
Board of Supervisors - First District				
Street Address		_		
500 West Temple Street, Suite 856, Los	Angeles, CA 90012	*		
Area Code/Phone Number E-mail		Amendment (Must e	explain in Part 5.1	
(213) 974-4111 Molina@lacbo	os.org	_		
Agency Contact (name and title)		Date of Original Filing:	(month, day	vear)
Joanie Paul - Senior Administrative Assist	ant / Ticket Administrator		[, , , , , , , , , , , , , , , , , , , ,
2. Event For Which Tickets Were Distrib			2 100	
	escription of Event:	armonic at Hollywood E	3owl. 	//a
/F	ace Value of Ticket: \$ 28.00			
and the same of th	fy source of tickets below.)			
Name of Outside Source of Ticket(s) Provid	I A Philharmon	ic		
Number of Tickets Received: 5	Ticket(s) Provided to Ager	ncy: 🖾 Gratuitously	☐ Pursuar	nt to Contrac
3. Agency Official(s) Receiving Ticket(s	(use a continuation sheet for ad	ditional names)		
Name of Official (Last, First)		ether the Distribution is Inc cribe the Public Purpose fo		
-	Α			
I. Individual or Organization Receiving	Ticket(s) (Provided at the hole	net of an agoney official \		
Supervi	sor Gloria Molina	est of an agency official.)		
Name of Behesting Agency Official:				*
Rio Hor Name of Individual or Organization:	ndo Community College	Numbe	er of Tickets	. 5
	llege located in the First Dist		or Trokoto	
Description of Organization:				
3600 Workman M Address of Organization:	ill Road W	hittier	CA	90601
Number and Street	City	y	State	Zip Code
Purpose for Distribution: (Describe the public	N N			
5.3h) Promoting public and private facilitie	s available for County reside	nt use.		
. Verification	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
thave determined that the distribution of tickets s	et forth above is in accordance w	ith the provisions of FPPC	Regulation 1	8944 1
Joanie P		et Administrator	02/23	
Signature of Agency Head or Designee	Print Name	Tille		onth, day, year)
Comment: (Use this space or an attachment for any	additional information including amer	ndment explanation.)		

ickets Provided by gency Report		A Pub	lic Docum	ent	TICK	ETS PROVID
Agency Name Los Angeles County				Date Stamp	Califor Forn	nia QC
Division, Department, or F	Region (if applicable)				For Oi	ficial Use Only
Board of Supervisors - F	irst District					1901
Street Address		2 1000 Sec. (2000)		1		
500 West Temple Stree	t, Suite 856, Los Ang	geles, CA 900	012			
Area Code/Phone Number	E-mail					
(213) 974-4111	Molina@lacbos.d	org		Amendment (Must e	explain in Part 5.)
Agency Contact (name and	title)	200	5 D.B. (5 T.B.)	Date of Original Filing:		
Joanie Paul - Senior Adr	ministrative Assistant	t / Ticket Adm	ninistrator		(month, day	/, year)
Event For Which Tick	ets Were Distribut	ed	7 West 11 (10 May 12 Ma			
			. LA Philhan	monic at Hollywood E	Bowl.	
Date(s) of Event: 08						
	/ Face	Value of Tick	et: \$ 20.00			
Agency Event Yes	Part					
rigorioy Event res	M No (Identity		ar anna mark			
				Y		
		to Agency:	A Philharmonic	;		
Name of Outside Source Number of Tickets Receiv		to Agency:		y; 🗵 Gratuitously	Pursua	nt to Cont
	red: 10	to Agency: Ticket(s) Pro	ovided to Agend	y; 🗷 Gratuitously	Pursua	nt to Cont
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Number of Tickets Receiv	red: 10 ceiving Ticket(s) (u	to Agency: Ticket(s) Pro	ovided to Agence on sheet for addi	y: 🗷 Gratuitously	come to the	Official or
Number of Tickets Receive Agency Official(s) Receive Name of C	red: 10 ceiving Ticket(s) (u	Ticket(s) Pro	ovided to Agence on sheet for addi	ey: X Gratuitously tional names) ther the Distribution is In-	come to the	Official or
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Number of Tickets Received Agency Official(s) Received Name of C (Last, Fire Additional or Organization of Behesting Agency Name of Individual or Org	tion Receiving Ticket(s) (understanding the state of the	Ticket(s) Pro se a continuation Number of Tickets cket(s) (Provice r Gloria Molin	ovided to Agence on sheet for addi State Whet Descri	tional names) ther the Distribution is In be the Public Purpose for the formula of an agency official.)	come to the or the Distribu	Official or ution
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Number of Tickets Received Agency Official(s) Received Name of Common	red: 10 ceiving Ticket(s) (u official st) ceiving Receiving Ticket(s) (u ceiving Ticket(s) (u ficial st) Supervisor Rio Hondo anization: Community collect n:	Ticket(s) Pro se a continuation Number of Tickets cket(s) (Provice Gloria Moline) Community ge located in the	ovided to Agence on sheet for addi State Whet Descri	tional names) ther the Distribution is Inbe the Public Purpose for the formula of the August Mumbert.	come to the cor the Distribu	Official or ution 10 5: 90601
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Number of Tickets Received Agency Official(s) Received Name of Common	red: 10 ceiving Ticket(s) (u official st) cy Official: Rio Hondo anization: Community collect n: Bood Workman Mill F	Ticket(s) Pro se a continuation Number of Tickets cket(s) (Provious Gloria Molinus Community ge located in the Road	ovided to Agence on sheet for addi State Whet Descri	tional names) ther the Distribution is In be the Public Purpose for the of an agency official.) Number the Communication of the Public Purpose for the Public P	come to the cor the Distribu	Official or ution 10 5: 90601

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

Joanie Paul

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

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

02/23/10

(month, day, year)

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name Los Angeles County	Date Stamp	California 802
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors - First District		,
Street Address		
500 West Temple Street, Suite 856, Los Angeles, CA 90012		
Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org	Amendment (Must exp.	lain in Part 5.)
Agency Contact (name and title)	Date of Original Filing:	
Joanie Paul - Senior Administrative Assistant / Ticket Administrator	200	(month, day, year)
2. Event For Which Tickets Were Distributed	agnic at Hallywood De	
Date(s) of Event: Description of Event:	nonic at Hollywood Bo	wi.
/ Face Value of Ticket: \$ 26.00		
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic		
Number of Tickets Received: 10 Ticket(s) Provided to Agency	y: ⊠Gratuitously [Pursuant to Contract
B. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addit	ional names)	
	ner the Distribution is Incom	me to the Official or
(Last, First) of Tickets Descrit	oe the Public Purpose for t	he Distribution
-		
. Individual or Organization Receiving Ticket(s) (Provided at the behest Supervisor Gloria Molina	of an agency official.)	
Name of Behesting Agency Official:		
Rio Hondo Community College Name of Individual or Organization:	Number	of Tickets:
Community college located in the First District		or monoto.
Description of Organization:		
3600 Workman Mill Road Whit Address of Organization:	tier	CA 90601
Number and Street City		State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the or	ganization.)	
5.3h) Promoting public and private facilities available for County resident	use.	
V		
. Verification	the annualization of FDDS D	
have determined that the distribution of tickets set forth above is in accordance with Joanie Paul Ticket	Administrator	02/23/10
Signature of Agency flead or Operanee Print Name	Title	(month, day, year)
Comment: (Use this space or an attachment for any additional information including amende	nent explanation.)	
$\overline{}$		

Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County **Form** 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 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) Molina@lacbos.org (213) 974-4111 Agency Contact (name and title) Date of Original Filing: . (month, day, year) Joanie Paul - Senior Administrative Assistant / Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl. Date(s) of Event: 08 Description of Event: 20.00 Face Value of Ticket: \$ No (Identify source of tickets below.) Agency Event Name of Outside Source of Ticket(s) Provided to Agency: . Number of Tickets Received: 30 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or (Last, First) Describe the Public Purpose for the Distribution of Tickets 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: 30 San Gabriel Valley Habitat for Humanity Name of Individual or Organization: Number of Tickets: Organization building affordable homes for low-income families. Description of Organization: 400 South Irwindale Avenue CA 91702 Azusa Address of Organization: Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Supporting community programs that benefit County residents. 5. Verification

I have determined that]the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

Joanie Paul

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

02/23/10

(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docum	ent			TS PROVIDED
1. Agency Name Los Angeles County			· · · · · · · · · · · · · · · · · · ·	Date St	amp	Califorr Form	nia RN2
Division, Department, or Reg						For Offi	cial Use Only
Board of Supervisors - Firs	t District						
Street Address							
500 West Temple Street, S	Suite 856, Los Ang	eles, CA 900	112				
Area Code/Phone Number	E-mail			Amendme	ent (Must eve	lain in Part 5)	
(213) 974-4111	Molina@lacbos.o	org		Amendin	ine (indat oxpi	am in r art o.,	
Agency Contact (name and little Joanie Paul - Senior Admin		/ Ticket Adm	inistrator	Date of Origin	nal Filing:	(month, day,	year)
2. Event For Which Tickets	s Were Distribute	ed			14-2-30.		
Date(s) of Event: 0820	,09 Desc	ription of Ever	LA Philhari	monic at Holly	ywood Bo	wl.	
	/ Face	Value of Ticke					
	(ac						
Agency Event Yes	No (Identify s		100				
Agency Event Yes Name of Outside Source of	70 70	ΙΔ	ets below.) A Philharmonio	.			
	Ticket(s) Provided t	to Agency:	100		ously] Pursuar	it to Contrac
Name of Outside Source of	Ticket(s) Provided t	to Agency: LA	A Philharmonic	ey: ⊠Gratuit	ously [] Pursuar	it to Contrac
Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Recei	Ticket(s) Provided t : 30 ving Ticket(s) (us	to Agency: LA	A Philharmonic vided to Agence on sheet for additional control of the control of	ey: ⊠Gratuit			
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Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Recei Name of Official	Ticket(s) Provided t : 30 ving Ticket(s) (us	to Agency: Ticket(s) Provise a continuation	A Philharmonic vided to Agence on sheet for addi	ey: 🗷 Gratuit tional names) ther the Distribu	ution is Incor	me to the C	
Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Recei Name of Offic (Last, First)	Ticket(s) Provided t 30 ving Ticket(s) (us	to Agency:	A Philharmonic vided to Agenc on sheet for addi State Whe Descri	ey: 🗷 Gratuit tional names) ther the Distribu be the Public P	ution is Inco Purpose for t	me to the C	Official or
Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Recei Name of Offic (Last, First)	ricket(s) Provided to 30 ving Ticket(s) (usoial	to Agency: Ticket(s) Provides a continuation Number of Tickets ket(s) (Provides	A Philharmonic vided to Agence on sheet for addi State Wher Descri	ey: 🗷 Gratuit tional names) ther the Distribu be the Public P	ution is Inco Purpose for t	me to the C	Official or
Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Recei Name of Official	ving Ticket(s) (us	to Agency:	A Philharmonic vided to Agence on sheet for addi State Wher Descri	ey: 🗷 Gratuit tional names) ther the Distribu be the Public P	ution is Inco Purpose for t	me to the C	Official or
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l have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

attachment for any additional information including amendment explanation.)

Print Name

Joanie Paul

Comment: (Use this space

02/23/10

(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICK	ETS PROVIDED BY
1. Agency Name Los Angeles County				Date Stamp	Californ Form	
Division, Department, or Reg	ion (if applicable)					ficial Use Only
Board of Supervisors - Firs	THE POLICE AND SUPPLIES TO THE SECOND SECTION OF					
Street Address	the transfer of the second of	100 5 100000	ina managaran da			
500 West Temple Street, S	Suite 856, Los Ang	geles, CA 900	12			
Area Code/Phone Number	E-mail	****		Amendment (Must ex	rolain in Part 5)	
(213) 974-4111	Molina@lacbos.c	org		The Control of the Co	\$1000 \$1.000 \$1.000 \$1.000 \$100 \$100 \$10	
Agency Contact (name and little Joanie Paul - Senior Admir	•	: / Ticket Adm	inistrator	Date of Original Filing: _	(month, day,	year)
2. Event For Which Tickets	Were Distribut	ed	1.4.51.00			
Date(s) of Event: 08 /11		ription of Ever	nt: <u>————</u>	nonic at Hollywood Bo	owl.	
	/ Face	Value of Ticke	et: \$ 28.00			
Agency Event Yes	No (Identify section 1) ■ No (Identify section 2) ■ No (Identify se					
Name of Outside Source of	Ticket(s) Provided	to Agency:	Philharmonic			
Number of Tickets Received	: 7	Ticket(s) Pro	vided to Agenc	y: 区Gratuitously	☐ Pursuar	nt to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addit	ional names)		
Name of Office	ial	Number	State Whetl	her the Distribution is Inco	ome to the C	Official or
(Last, First)		of Tickets	Describ	be the Public Purpose for	the Distribu	ıtion
	-				<u> </u>	
2						
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	ed at the behest	of an agency official.)		
Name of Behesting Agency (Supervisor Official:	r Gloria Molin	a			
Name of Individual or Organi	Prototypes	;		November 1		7
Name of Individual or Organi		ating woman	and shildren	Number	r of Tickets	
Description of Organization:	Organization assi	sung women	and children.	,		
Address of Organization:	East Arrow High	way	Pom	ona	CA	91767
Num	ber and Street		City		State	Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dis	tribution to the or	rganization.)		
5.3i) Supporting community	programs that be	nefit County	residents.			
- Varification						
5. Verification	bution of tiskets and f	adh aha: !- !		the providing 15000	December 11	100444
I have determined that the distrib					270	
CHILLY TOUR	Joanie Paul	Print Name		Administrator	02/23	
Signature of Agency Head or Designe	- I	out Mattie		Title	(me	onth, day, year)

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

Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County **Form** 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 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (213) 974-4111 Molina@lacbos.org Date of Original Filing: . Agency Contact (name and title) (month, day, year) Joanie Paul - Senior Administrative Assistant / Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl, Date(s) of Event: 08 _____27 Description of Event: Face Value of Ticket: \$ No (Identify source of tickets below.) Agency Event Yes Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official or Name of Official Number (Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: Prototypes 5 Name of Individual or Organization: Number of Tickets: Organization assisting women and children. Description of Organization: 845 East Arrow Highway Pomona CA 91767 Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Supporting community programs that benefit County residents.

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

e or ar attachment for any additional information including amendment explanation.)

Print Name

Joanie Paul

5. Verification

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

02/23/10

(month, day, year)

Tickets Provided by Agency Report	A Publ	lic Docume	ent		ETS PROVIDED
1. Agency Name Los Angeles County			Date Stamp	Californ Form	7.9.1
Division, Department, or Region (if applicable)				For Offi	cial Use Only
Board of Supervisors - First District					
Street Address 500 West Temple Street, Suite 856, Los Ang	2				
Area Code/Phone Number E-mail	Amendment (Must	explain in Part 5.)			
(213) 974-4111 Molina@lacbos.c	org				
Agency Contact (name and title) Joanie Paul - Senior Administrative Assistant	/ Ticket Admi	inistrator	Date of Original Filing:	(month, day,	year)
2. Event For Which Tickets Were Distribute	ed				
Date(s) of Event: 08 13 09 Desc	ription of Ever)t:	nonic at Hollywood I	30wl.	
/Face	Value of Ticke	et: \$ 28.00			
Agency Event ☐ Yes ☑ No (Identify s	source of ticket	ts below.)			
Name of Outside Source of Ticket(s) Provided	lo Agency:	Philharmonic			
Number of Tickets Received: 5	Ticket(s) Prov	vided to Agenc	y: 🗵 Gratuitously	Pursuar	nt to Contrac
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Official (Last, First)	Number of Tickets		her the Distribution is In be the Public Purpose f		
			The state of the s		
1. Individual or Organization Receiving Tic			of an agency official.)		-
Name of Behesting Agency Official:	Gloria Molina				
Name of Individual or Organization: Prototypes			Numb	er of Tickets	5
Organization assistance Description of Organization:	sting women a	and children.			
845 East Arrow High	way	Pom		CA	91767
Number and Street		City		Slate	Zip Code
Purpose for Distribution: (Describe the public purpose for Distribution: (Describe the public purpose for Distribution)			rganization.)		
5.3i) Supporting community programs that be	nefit County r	esidents.			
5. Verification			· · · · · · · · · · · · · · · · · · ·		
I have determined that the distribution of tickets set for	orth above is in .	accordance with	the provisions of FPP(C Regulation 1	8944.1.
Joanie Paul			Administrator	02/23	

Print Name

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

(month, day, year)

Agency Report A Public Docume				nf	TICK	ETS PROVIDED
		Arub	nic Docume			AGENCY REPO
1. Agency Name Los Angeles County				Date Stamp	Califor Form	
Division, Department, or Region (if ap)	dicable)					icial Use Only
Board of Supervisors - First Distric						
Street Address	•					
500 West Temple Street, Suite 856	6, Los Angeles	, CA 900)12			
Area Code/Phone Number E-mail						
(213) 974-4111 Molina	@lacbos.org			Amendment (Musi	t explain in Part 5.,	!
Agency Contact (name and title)				Date of Original Filing	j:	
Joanie Paul - Senior Administrative	Assistant / Tic	ket Adm	ninistrator		(month, day	, year)
2. Event For Which Tickets Were	Distributed	·	so error trongs summ	VI-0 BOLING SHOLL (1990		
Date(s) of Event: 08 _ 06 _ 09	Descriptio	n of Eve	nt:	nonic at Hollywood	Bowl.	
	Face Valu					
9 <u>00000</u> 9						
Agency Event Yes X No	(Identify sourc					
Name of Outside Source of Ticket(s)	Provided to Ag	ency:	A Philharmonic			
THE REPORT OF COME AND SHOULD PRODUCE OF THE PRODUCE SECTION OF THE	An argument market property and the set			5 0		
Number of Tickets Received: 5	lick	et(s) Pro	vided to Agenc	y: X Gratuitously	∐ Pursuai	nt lo Contra
3. Agency Official(s) Receiving Ti	cket(s) (use a c	continuation	on sheet for addit	ional names)		
Name of Official		umber		her the Distribution is I	ncome to the (Official or
(Last, First)	100	Tickets		oe the Public Purpose		
	-		Da.			
<u>.</u>						
4. Individual or Organization Rece	iving Ticket(s) (Provid	ded at the behest	of an agency official.)		
	Supervisor Glo			,		
Name of Behesting Agency Official: _		****				
Name of Individual or Organization: _	Prototypes			Numi	ber of Tickets	5
	ation equipting	womon	and children	INUIIII	Dei Di Tickets	
Description of Organization:	ation assisting	women	and children.			
845 East A	rrow Highway		Pom	iona '	CA	91767
Address of Organization:	10.75 (E.C.)		City		State	Zip Code
		S 0001 5000	7940 - W	70 20 2001 - 70	State	Zip Code
Purpose for Distribution: (Describe the	5) (1) (2)			rganization.)		
5.3i) Supporting community program	ns that benefit	County	residents			
5.57 Supporting community program		County	Todiacito.			
5. Verification		County	,			

Joanie Paul

Print Name

ce or an attachment for any additional information including amendment explanation.)

02/23/10

(month, day, year)

Tickets Provided by Agency Report	A Public Docum			тіск	ETS PROVIDED B
1. Agency Name Los Angeles County	<u>#</u>		Date Stamp	Californ Form	nia RN2
Division, Department, or Region (if applicable) Board of Supervisors - First District Street Address				For Official Use Only	
500 West Temple Street, Suite 856, Los Angeles, CA 90012			*		
Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.org Agency Contact (name and little) Joanie Paul - Senior Administrative Assistant / Ticket Administrator			Amendment (Must explain in Part 5.) Date of Original Filling:		
2. Event For Which Tickets Were Distribut Date(s) of Event: 07 / 30 / 09 Desc	cription of Eve	et: \$	nonic at Hollywood B	owl.	-
Agency Event Yes No (Identify some of Outside Source of Ticket(s) Provided Number of Tickets Received: 5 3. Agency Official(s) Receiving Ticket(s) (u	to Agency: LA	A Philharmonic	y: ⊠Gratuitously	Pursuar	nt to Contract
Name of Official (Last, First)	Number of Tickets	State Whet	her the Distribution is Inc be the Public Purpose fo		
4. Individual or Organization Receiving Tio	ket(s) (Provid		of an agency official.)		
Name of Behesting Agency Official:Prototypes Name of Individual or Organization:	ncy Official: Prototypes			er of Tickets	5
Description of Organization:845 East Arrow High	-	Pom	, nona	CA	91767
Address of Organization: Number and Street	or of other commences are an experienced to		lona	Slate	Zip Code
Purpose for Distribution: (Describe the public pur 5.3i) Supporting community programs that be			rganization.)	-	

thave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

Joanie Paul

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

5. Verification

02/23/10

(month, day, year)