Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County Form 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 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 -Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl Date(s) of Event: 08 Description of Event: 31.00 Face Value of Ticket: \$ Agency Event No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic Number of Tickets Received: $\frac{30}{2}$ 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: Highland Park Chamber of Commerce 30 Name of Individual or Organization: Number of Tickets: Chamber of Commerce Description of Organization: 1270 Avenue 50 Los Angeles CA 90042 Address of Organization: City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

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

Signature of Agency Head of Decigrate

Joanie Paul

5.3i) Support community organizations that benefit County residents.

Ticket Administrator

02/23/11

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

Print Name

(month, day, year)

Tickets Provided by Agency Report	A Public Document		TICKETS PROVIDE		
1. Agency Name Los Angeles County			Date Stamp	Califor Forn	
Division, Department, or Region (if applicable)					ficial Use Only
Board of Supervisors - First District					
Street Address				Fa.	
500 West Temple Street, Suite 856, Los Ang	jeles, CA 900	012	148		
Area Code/Phone Number E-mail			_		
(213) 974-4111 Molina@lacbos.c	Molina@lacbos.org		Date of Original Filing:		li.
Agency Contact (name and little)					
Joanie Paul -Ticket Administrator			(month, day, year)		
2. Event For Which Tickets Were Distribute	ed				
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/ Face	Value of Tick	et: \$			
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Joanie Paul

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

Print Name

02/23/11

(month, day, year)

Ticket Administrator

Title

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

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1. Agency Name Los Angeles County	Agency Name			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				(#1)		
Area Code/Phone Number (213) 974-4111	a Code/Phone Number E-mail			Amendment (Must explain in Part 5.)		
	gency Contact (name and title)			Date of Original Filing:		
Joanie Paul -Ticket Administrator			(month, day, year)			
2. Event For Which Tic	kets Were Distribu	ted				
Date(s) of Event: 08	<u></u>	cription of Eve	nt:	nonic at Hollywood Bo	wl	
	<i>J</i> Face	e Value of Tick	et: \$ 31.00			
Agency Event Yes		source of ticke	ets below.)			
Name of Outside Source	e of Ticket(s) Provided	to Agency:	A Philharmonic	·		
Number of Tickets Rece	ived: <u>30</u>	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously	Pursuant to Contrac	
3. Agency Official(s) Re	eceiving Ticket(s) (use a continuatio	on sheet for addit	ional names)		
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4. Individual or Organiz		cket(s) (Provid or Gloria Molin		of an agency official.)		
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Name of Individual or Or	Alma Fam	nily Services		Number	of Tickets:	
	Organization ass	isting the dev	elopmentally d			
Description of Organizati	on;			•		
Address of Organization:	4701 East Cesar Ch	avez Avenue	Los	Angeles	CA 90022	
2.5	Number and Street		City		State Zip Code	
Purpose for Distribution:				rganization.)		
5.3i) Support community	organizations that b	enefit County	residents.			
5. Verification (
I have determined that the	distribution of tickets set	forth above is in	accordance with	the provisions of FPPC R	Regulation 18944.1.	
faill all	Joanie Pau			Administrator	02/23/11	
Signature of Agency Head/of De	<u> </u>	Print Name		Tille	(month, day, year)	
Comment: (Use this space)	<i>y</i>		n including amendr	ment explanation.)	**************************************	
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