Tickets Provided by
Agency Report

1. Agency Name
   Los Angeles County
   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
   (213) 974-4111
   E-mail
   Molina@lacsos.org
   Agency Contact (name and title)
   Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/10/10
   Description of Event:
   LA Philharmonic at Hollywood Bowl
   Face Value of Ticket: $31.00
   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: 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:
   (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   Supervisor Gloria Molina
   Name of Individual or Organization:
   Highland Park Chamber of Commerce
   Number of Tickets: 30
   Description of Organization:
   Chamber of Commerce
   Address of Organization:
   1270 Avenue 50
   Los Angeles
   CA
   90042
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution:
   (Describe the public purpose for the distribution to the organization.)
   5.3) Support community organizations 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.
   Signature of Agency Official or Designee
   Joanie Paul
   Print Name
   Title
   Date: 02/23/11
   Comment: (Use this space for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**Agency Name**
Los Angeles County

**Division, Department, or Region (if applicable)**
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(213) 974-4111

**E-mail**
Molina@lacbos.org

**Agency Contact (name and title)**
Joanie Paul - Ticket Administrator

2. **Event For Which Tickets Were Distributed**

   **Date(s) of Event:** 08/10/10

   **Description of Event:** LA Philharmonic at Hollywood Bowl

   **Face Value of Ticket:** $31.00

   **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:** 72

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

   **Name of Behesting Agency Official:** Supervisor Gloria Molina

   **Name of Individual or Organization:** Rivera Middle School

   **Number of Tickets:** 72

   **Description of Organization:** Youth Programs.

   **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 19844.1.

   **Signature of Agency Head or Designee:** Joanie Paul

   **Print Name:** Ticket Administrator

   **Title:** 02/23/11

   **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)
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Agency Contact (name and title)
Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/10/10
Description of Event: LA Philharmonic at Hollywood Bowl
Face Value of Ticket: $31.00
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: 30
Ticket(s) Provided to Agency: Gratuitously
Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Supervisor Gloria Molina
Name of Individual or Organization: Alma Family Services
Number of Tickets: 30
Description of Organization: Organization assisting the developmentally disabled.
Address of Organization: 4701 East Cesar Chavez Avenue, Los Angeles, CA 90022
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.31) Support community organizations 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.
Joanie Paul
Ticket Administrator
02/23/11

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