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

Agency Contact (Name and Title)
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

Date Stamp
California Form 802
For Official Use Only

Amendment (Must explain in Part 5.)

Date of Original Filing:
(month, day, year)

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/04/09
Description of Event: LA Philharmonic at Hollywood Bowl.

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)

<table>
<thead>
<tr>
<th>Name of Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
</tr>
<tr>
<td>Number of Tickets</td>
</tr>
<tr>
<td>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</td>
</tr>
</tbody>
</table>

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:
St. Barnabas Senior Services

Number of Tickets: 30
Organization assisting seniors.

Address of Organization:
675 South Carondelet Street
Los Angeles, CA 90057

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3h  Promoting public and private facilities available for County resident use.

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 02/23/10

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.)
Tickets Provided by Agency Report
A Public Document

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@lacbos.org
Agency Contact (name and title)
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

Date Stamp

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/18/09
Description of Event: LA Philharmonic at Hollywood Bowl
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: 30
Ticket(s) Provided to Agency: Gratuitously

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:
South Gate High School
Number of Tickets: 30
Description of Organization:
High school located in the First District.
Address of Organization:
3351 Firestone Boulevard, South Gate, CA 90280
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3h) Promoting public and private facilities available for County resident use.

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 16944.1.

Joanie Paul
Ticket Administrator
02/23/10
Signature of Agency Head of Distribution
Print Name
Title
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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    E-mail
   (213) 974-4111            Molina@lacbos.org

   Agency Contact (name and title)
   Joanie Paul - Senior Administrative Assistant / Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/04/09
   Description of Event: LA Philharmonic at Hollywood Bowl.
   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: 30
   □ Yes  ☑ No (Identify source of tickets below.)
   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: The Wall Las Memorias

   Organization assisting people with HIV/AIDS.

   Number of Tickets: 30

   Address of Organization:
   111 North Avenue 56
   Los Angeles
   CA 90042

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   5.31) 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.

   ____________________________
   Signatures of Agency Head or Designee

   ____________________________
   Print Name

   ____________________________
   Title

   02/23/10
   (month, day, year)

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

**Agency Report**

**A Public Document**

**1. Agency Name**
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**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@lacos.org

**Agency Contact (name and title)**
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

**Date Stamp**

**California Form 802**

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**TICKETS PROVIDED BY AGENCY REPORT**

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

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<tr>
<td>08/27/09</td>
<td>LA Philharmonic at Hollywood Bowl</td>
<td>$28.00</td>
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**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:**
The Story Project

**Number of Tickets:**

- 30

**Description of Organization:**
Literacy program for kids.

**Address of Organization:**
8559 Higuera Street
Culver City, CA 90232

**State**

- CA

**Zip Code**

- 90232

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

5.3h) Promoting public and private facilities available for County resident use.

**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 or Designee:**
Joanie Paul

**Print Name**
Ticket Administrator

**Title**

- 02/23/10

**Comment:** (Use this space to attach any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

**A Public Document**

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

- Date(s) of Event: 08/11/09
- Description of Event: LA Philharmonic at Hollywood Bowl.
- Face Value of Ticket: $26.00
- Agency Event: 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

**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: Tessie Cleveland Community Services Corp.
- Description of Organization: Community based mental health center.
- Address of Organization: 8019 South Compton Avenue, Los Angeles, CA 90001
- Purpose for Distribution: Support 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 19944.1.

- Signature of Agency Head or Designee: [Signature]
- Print Name: Joanie Paul
- Title: Ticket Administrator
- Date of Original Filing: 02/23/10

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