**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

2. **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 - Ticket Administrator

3. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 08/24/10
   - **Description of Event:** LA Philharmonic Performances at Disney Hall.
   - **Face Value of Ticket:** $31.00
   - **Agency Event:** Yes
   - **Outside Source of Ticket(s) Provided to Agency:** LA Philharmonic
   - **Number of Tickets Provided to Agency:** 20

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

5. **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:** KAOS Network - Kidz at 43rd Place
   - **Number of Tickets:** 20
   - **Description of Organization:** Training youth in arts and media.
   - **Address of Organization:** 4343 Leimert Boulevard, Los Angeles, CA 90008
   - **Purpose for Distribution:** Supporting community organizations that benefit County residents.

5. **Verification**
   - **Signature of Agency Head or Designee:** [Signature]
   - **Print Name:** Joanie Paul
   - **Title:** Ticket Administrator
   - **Date:** 03/01/11

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
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@lacbos.org
   Agency Contact (name and title)
   Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/24/10
   Description of Event: LA Philharmonic Performances at Disney Hall.
   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: 20
   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 (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</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: Ramona Community Center
   Description of Organization: Community arts programs for youth.
   Address of Organization:
   4580 North Figueroa Street
   Los Angeles
   CA 90065
   Number of Tickets: 20
   Purpose for Distribution: Supporting 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/Designee
   Joanie Paul
   Title
   Print Name
   Title
   (month, day, year)

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

FPPC Form 892 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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@lacbos.org
   Agency Contact (name and title) Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/24/10
   Description of Event: LA Philharmonic Performances at Disney Hall.
   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: 20
   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 Receiving Ticket(s): Kidz at 43rd Place
   Number of Tickets: 20
   Description of Organization: Training youth in arts and media.
   Address of Organization: 4622 9th Avenue Los Angeles CA 90043
   Number and Street City State Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   5.3i) Supporting 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 19444.1.
   Joanie Paul
   Ticket Administrator

   Signature of Agency Head or Designee
   Print Name
   Title

   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**
   - (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:** 08/24/10
   - **Description of Event:** LA Philharmonic Performances at Disney Hall.
   - **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:** 40

   **Ticket(s) Provided to Agency:**
   - Gratuitously
   - Pursuant to Contract

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

<table>
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<tr>
<th>Name of Official (Last, First)</th>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</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:**
   - Pellissier Village Neighborhood Watch

   **Description of Organization:**
   - Neighborhood watch program.

   **Address of Organization:**
   - 2209 Mardel Avenue
   - Whittier, CA 90601

   **Number of Tickets:** 40

   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   - 5.3i) Supporting 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 19944.1.
   - **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.)

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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 E-mail
(213) 974-4111 Molina@lacsbo.org
Agency Contact (name and title)
Joanie Paul - Ticket Administrator

Date Stamp

TICKETS PROVIDED BY AGENCY REPORT
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/24/10 Description of Event: LA Philharmonic Performances at Disney Hall.
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: 16 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 (Last, First)</th>
<th>Number of Tickets</th>
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</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: Braille Institute
Description of Organization: Disability services.
Address of Organization: 741 North Vermont Avenue Los Angeles CA 90029
Number of Tickets: 16

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3) Supporting 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 19444.1.

Joanie Paul Ticket Administrator 03/01/11
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.)
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 - Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/26/10
   Description of Event: LA Philharmonic Performances at Disney Hall.
   Face Value of Ticket: $31.00
   Agency Event: [ ] Yes  [x] 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: [x] Gratuitously  [ ] Pursuant to Contract

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

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<tr>
<th>Name of Official (Last, First)</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:
   American Legion
   Veterans organization.

   Description of Organization:
   9829 Whitmore Street
   Los Angeles
   CA
   91733

   Number of Tickets: 30

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   5.3i) Supporting 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 Designee: 
   Joanie Paul
   Title: Ticket Administrator
   Date: 03/01/11

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

**Agency Name**
Los Angeles County

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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 - Ticket Administrator

---

## Event For Which Tickets Were Distributed

**Date(s) of Event:**
- [ ] 08/10/10
- [ ] 09/07/10

**Description of Event:**
LA Philharmonic Performances at Disney Hall.

**Face Value of Ticket:**
$31.00

**Agency Event**
- [ ] Yes
- [x] 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:**
- [x] Gratuitously
- [ ] Pursuant to Contract

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## Agency Official(s) Receiving Ticket(s)

(Use a continuation sheet for additional names)

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## 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:**
Los Angeles County Parks and Recreation

**Number of Tickets:**
10

**Description of Organization:**
Community programs.

**Address of Organization:**
433 South Vermont Avenue

Los Angeles

CA 90020

**City**

**State**

**Zip Code**

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

5.3 l) Support community organizations that benefit County residents.

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## Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.

**Joanie Paul**
Ticket Administrator

03/04/11

(month, day, year)

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

---

FPPC Form 802 (Feb/00)
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Tickets Provided by
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Area Code/Phone Number  E-mail
(213) 974-4111  Molina@lacsos.org

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

Date Stamp

□ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08/10/10  Description of Event: LA Philharmonic Performances at Disney Hall.
09/07/10  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: 4  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: North Whittier Neighborhood Watch

Description of Organization: Neighborhood Watch program.

Address of Organization: 1240 Hansford Avenue, Whittier, CA 90601

Number of Tickets: 4

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.

Joanie Paul  Ticket Administrator  03/04/11

Dignitary or Agency Head or Designee  Print Name  Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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   Area Code/Phone Number (213) 974-4111
   E-mail Molina@lacsos.org
   Agency Contact Name: Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/10/2010
   Description of Event: LA Philharmonic Performances at Disney Hall.
   09/07/2010
   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: 8
   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.)
   Supervisor Gloria Molina
   Name of Behesting Agency Official: Los Nietos MASH
   Name of Individual or Organization: Neighborhood organization.
   Description of Organization: 
   Number of Tickets: 8
   Address of Organization:
   11640 East Slauson
   Whittier CA 90606
   City State Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   5.3 i) 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 19944.1.
   Joanie Paul Ticket Administrator 03/04/11
   Signature of Agency Head or Designee Print Name Title
   Comments (Use this space or an attachment for any additional information including amendment explanation.)

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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 Performances at Disney Hall.
09/07/10
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: 2
Ticket(s) Provided to Agency: ☑ Gratuitously ☐ Pursuant to Contract

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

<table>
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<tr>
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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: Bell Gardens Parent Council
Number of Tickets: 2
Description of Organization: Parent organization.
Address of Organization: 6119 Agra Street
Bell Gardens
CA 90201
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) 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 1944.1.

Joanie Paul
Ticket Administrator
03/07/11

Signature of Agency Head or Designee Print Name Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)