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 - Ticket Administrator

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07/30/09
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
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>
<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:
Virgil Middle School
Description of Organization:
Middle school located in the First District
Address of Organization:
152 Vermont Avenue
Los Angeles CA 90004
Number of Tickets: 30
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3(h) 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
02/24/10

Signature of Agency Head or Designee
Print Name
Title

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

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   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@iacbos.org
   Agency Contact (name and title)
   Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/06/09
   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 ☐ 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: USC - Alzheimer's Disease Research
   Number of Tickets: 30
   Description of Organization:
   Research center that provides diagnostic and treatment services.
   Address of Organization:
   1510 San Pablo Street, HCT 3000
   Los Angeles
   CA
   90033
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   5.3i) Support community services 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 Head or Designee: Joanie Paul
   Date: 02/24/10
   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

1. 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@lacsbs.org

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

   Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

   Date(s) of Event: 08/11/09

   Description of Event: LA Philharmonic at Hollywood Bowl

   Face Value of Ticket: $30.00

   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: ☒ 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:
   Unification of Disabled Latino Americans

   Description of Organization:
   Community organization.

   Address of Organization:
   3727 West 6th Street, Suite 511
   Los Angeles
   CA
   90020

   Number and Street
   City
   State
   Zip Code

   Number of Tickets: 10

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   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 Head or Designee
   Joanie Paul

   Print Name
   Ticket Administrator

   Title
   02/24/10 (month, day, year)

   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

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## 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 08/04/09

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

| Face Value of Ticket: $26.00 |

**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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## 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:**
Unification of Disabled Latin Americans

**Number of Tickets:** 10

**Description of Organization:**
Community organization.

**Address of Organization:**
3727 West 6th Street, Suite 511
Los Angeles
CA
90020

**City**

**State**

**Zip Code**

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

5.3i) Support community organizations that benefit County residents.

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## 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:**
02/24/10

**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@lacbos.org
Agency Contact (name and title)
Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08/20/09
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: 18
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:
Tri-City Mental Health
Number of Tickets: 18
Description of Organization:
Health organization.
Address of Organization:
2008 North Garey Avenue, Pomona, CA 91767

Purpose for Distribution:
(Describe the public purpose for the distribution to the organization.)
5.3i) Support community services 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
02/24/10

Signature of 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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E-mail Molina@lacbos.org
Agency Contact (name and title)
Joanie Paul - 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: 09/01/09
Description of Event: LA Philharmonic at Hollywood Bowl
Face Value of Ticket: $26.00
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

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
Name of Official
(First, Last)
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: Unification of Disabled Latino Americans
Number of Tickets: 10
Description of Organization: Community organization.
Address of Organization: 3727 West 6th Street, Suite 511
Los Angeles CA 90020
City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3i) 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
02/24/10
Signature of Agency Head or Designee
Print Name Title
Comment: (Use this space for an attachment for any additional information including amendment explanation.)

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