Agency Report		A Public	Docume	ent		TS PROVIDED E
1. Agency Name Los Angeles County	· · · · · · · · · · · · · · · · · · ·			Date Stamp	Californ Form	-
Division, Department, or Reg Board of Supervisors - Firs Street Address					For Office	cial Use Only
500 West Temple Street,	Suite 856, Los Ang	geles, CA 90012		ω. *		
Area Code/Phone Number (213) 974-4111  Agency Contact (name and title	E-mail Molina@lacbos.o	org		Amendment (Must e		
Joanie Paul - Ticket Admin				Date of Original Lining.	(month, day,	year)
2. Event For Which Ticket  Date(s) of Event: 07 /30  Agency Event Yes  Name of Outside Source of  Number of Tickets Received  3. Agency Official(s) Rece	Description of the provided of	cription of Event: _ Value of Ticket: \$ source of tickets b to Agency:	elow.) ilharmonic d to Agenc	y: 🗵 Gratuitously		t lo Contraci
(Last, First)	ciai,	Number of Tickets		her the Distribution is In be the Public Purpose fo		
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4. Individual or Organization Name of Behesting Agency Name of Individual or Organ	on Receiving Tic Superviso Official: Virgil Midd ization:	of Tickets  ket(s) (Provided a gradient of the section of the sect	Descril	oe the Public Purpose fo		30
4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	on Receiving Tic Superviso Official: Virgil Midd ization:	of Tickets  cket(s) (Provided a r Gloria Molina  le School  ated in the First D	Describe the behest District	oe the Public Purpose fo	or the Distribut	30

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

Print Name

Joanie Paul

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

5. Verification

(month, day, year)

02/24/10

Ticket Administrator

## Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report **AGENCY REPORT** 1. Agency Name Date Stamp California Los Angeles County Form For Official Use Only 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 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 08 ,06 Date(s) of Event: Description of Event: 26.00 Face Value of Ticket: \$ No (Identify source of tickets below.) Agency Event Yes Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic Number of Tickets Received: 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: USC - Alzheimer's Disease Research 30 Name of Individual or Organization: Number of Tickets: Research center that provides diagnostic and treatment services. Description of Organization: 1510 San Pablo Street, HCT 3000 CA 90033 Los Angeles Address of Organization: City State Zio Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Support community services that benefit County residents.

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

Print Name

Joanie Paul

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

5. Verification

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

02/24/10

(month, day, year,

Ticket Administrator

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 little) Joanie Paul - Ticket Administrator  2. Event For Which Tickets Were Distributed Date(s) of Event:    Agency Event   Yes   No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:   Agency Official (s) Receiving Ticket(s) (use a continuation sheet for additional names)    Name of Official (Last, First)   Number of Tickets
Board of Supervisors - First District  Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012  Area Code/Phone Number (213) 974-4111
Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012  Area Code/Phone Number (213) 974-4111  Agency Contact (name and tille) Joanie Paul - Ticket Administrator  2. Event For Which Tickets Were Distributed Date(s) of Event:
Area Code/Phone Number (213) 974-4111  Agency Contact (name and title) Joanie Paul - Tickets Were Distributed Date(s) of Event:  Molina@lacbos.org  Date of Original Filling:  (213) 974-4111  Molina@lacbos.org  Date of Original Filling:  (month, day, year)  LA Philharmonic at Hollywood Bowl  Agency Event  Agency Event  Yes  No (Identify source of tickets below.)  Name of Outside Source of Ticket(s) Provided to Agency:  Number of Tickets Received:  Number of 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
Area Code/Phone Number (213) 974-4111  Agency Contact (name and litle) Joanie Paul - Ticket Administrator  2. Event For Which Tickets Were Distributed Date(s) of Event:
Agency Contact (name and litle) Joanie Paul - Ticket Administrator  2. Event For Which Tickets Were Distributed Date(s) of Event:    Date of Original Filling:
Joanie Paul - Ticket Administrator  2. Event For Which Tickets Were Distributed  Date(s) of Event:     08
2. Event For Which Tickets Were Distributed  Date(s) of Event:   O8 /11 /09 Description of Event:   Face Value of Ticket: \$  Agency Event Yes No (Identify source of tickets below.)  Name of Outside Source of Ticket(s) Provided to Agency:   Number of Tickets Received:   O8 /11 /09 Description of Event:   HA Philharmonic at Hollywood Bowl  30.00  Agency Event Yes No (Identify source of tickets below.)  Name of Ottside Source of Ticket(s) Provided to Agency:   Number of Tickets Received:   One of Ticket (s) Provided to Agency:   One of Ticket (s) Provided to Agency:   Number of Ticket (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
Date(s) of Event:    Date(s) of Event:   Description of Event:   LA Philharmonic at Hollywood Bowl
Date(s) of Event:
Agency Event Yes No (Identify source of tickets below.)  Name of Outside Source of Ticket(s) Provided to Agency:  Number of Tickets Received:  Ticket(s) Provided to Agency:  Ticket(s) Provided to Agency:  Gratuitously Pursuant to Cores.  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
Agency Event Yes No (Identify source of tickets below.)  Name of Outside Source of Ticket(s) Provided to Agency:  Number of Tickets Received:  Ticket(s) Provided to Agency: Gratuitously Pursuant to Core  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
Name of Outside Source of Ticket(s) Provided to Agency:  Number of Tickets Received:  Ticket(s) Provided to Agency: Gratuitously Pursuant to Cor  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
Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Cor  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
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
Name of Official Number State Whether the Distribution is Income to the Official or
1. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Supervisor Gloria Molina Name of Behesting Agency Official:
Unification of Disabled Latino Americans  Name of Individual or Organization:
Community organization.  Description of Organization:
3727 West 6th Street, Suite 511 Los Angeles CA 90020 Address of Organization:
Number and Street City State Zip C
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3i) Support community organizations that benefit County residents.
. 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 of Designee Print Name Title (month, day, year Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by		Δ Pub	lic Docume	ant	à <del>-</del>	TICKET	TS PROVIDED B	
1. Agency Name Los Angeles County	A l'ubile Docume			Date Stamp		California 802		
Division, Department, or Reg Board of Supervisors - Firs					Fo	or Offic	ial Use Only	
Street Address 500 West Temple Street, 9	Suite 856, Los Ang	geles, CA 900	)12					
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.c	org		☐ Amendment (A		art 5.)		
Agency Contact (name and title Joanie Paul - Ticket Admin				Date of Original Fil	ing:(month	i, day, y	rear)	
2. Event For Which Ticket  Date(s) of Event: 08	1	ed cription of Eve Value of Tick	nt:	nonic at Hollywoo	od Bowl			
Agency Event Yes	➤ No (Identify s		ets below.) A Philharmonic					
Name of Outside Source of	10	to Agency:	- Tillinamionio	· · · · · · · · · · · · · · · · · · ·				
Number of Tickets Received	d: <u>10</u>	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitousl	y 🔲 Purs	suant	to Contract	
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	on sheet for addi	tional names)	18.7			
. Name of Offic (Last, First)	cial ·	Number of Tickets		her the Distribution i be the Public Purpo				
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4. Individual or Organizatio	1777)			of an agency officia	al.)			
Name of Behesting Agency	Superviso Official;	r Gloria Molin	ıa 			-10- Do		
Name of Individual or Organ	Unification ization:		Latin Americar		umber of Ticl		10	
Description of Organization:				T .				
Address of Organization:	27 West 6th Stree	t, Suite 511	Los	Angeles	CA s	lale	90020 Zip Code	
Purpose for Distribution: (De 5.3i) Support community or	escribe the public pur		stribution to the o	rganization.)	2.		<u></u>	
5. Verification								
I have determined that the distri	) ibution of tickets set I	forth above is in	accordance with	n the provisions of F	PPC Regulati	ion 18	3944.1.	
Eline Haul	Joanie Pau		Ticket	Administrator	0:	2/24/	W11	
Signature of Agency Head or Designe Comment: (Use this space or an		Print Name ditional informatio	on including amend	Title ment explanation.)		(mor	nth, day, year)	

## Tickets Provided by TICKETS PROVIDED BY A Public Document **Agency Report** AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County Form For Official Use Only 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 Amendment (Must explain in Part 5.) (213) 974-4111 Molina@lacbos.org Date of Original Filing: Agency Contact (name and litle) (month, day, year) Joanie Paul - Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl Date(s) of Event: 08 /20 Description of Event: 26.00 Face Value of Ticket: \$ No (Identify source of tickets below.) Agency Event Yes 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) 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: Tri-City Mental Health 18 Name of Individual or Organization: Number of Tickets: . Health organization. Description of Organization: 2008 North Garey Avenue CA 91767 Pomona Address of Organization: Number and Street City State Zio Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Support community services that benefit County residents.

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

Joanie Paul

Print Name

or an altachment for any additional information including amendment explanation.)

Ticket Administrator

5. Verification

have determined that the

02/24/10

(month, day, year)

Tickets Provided by Agency Report	A Publ	ic Document	TIC	KETS PROVIDED AGENCY REPO
1. Agency Name Los Angeles County		Da	te Stamp Califo	
Division, Department, or Region (if applicable)				Official Use Only
Board of Supervisors - First District				
Street Address				
500 West Temple Street, Suite 856, Los An	geles, CA 900	12	*	
Area Code/Phone Number E-mail		□ Amer	idment (Must explain in Part	5)
(213) 974-4111   Molina@lacbos	.org	7	amore (mode explain in ) are	J.,
Agency Contact (name and title)  Joanie Paul - Ticket Administrator		Date of C	riginal Filling:(month, d	ay, year)
2. Event For Which Tickets Were Distribu	ted	I A Divilla	I-ll 1 D 1	
	cription of Ever		Hollywood Bowl	
/Fac	e Value of Ticke	et: \$ 26.00		
Agency Event ☐ Yes ☑ No (Identify				
Name of Outside Source of Ticket(s) Provided	1 Δ	Philharmonic		
	r to Agency		· · · · · · · · · · · · · · · · · · ·	
Number of Tickets Received: 10	Ticket(s) Prov	vided to Agency: 🗵 Gra	atuitously 🔲 Pursu	ant to Contra
3. Agency Official(s) Receiving Ticket(s)	use a continuatio	n sheet for additional name	es)	
Name of Official (Last, First)	Number of Tickets		tribution is Income to the	
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I. Individual or Organization Receiving Ti  Supervisor  Name of Behesting Agency Official:	<b>cket(s)</b> (Provide or Gloria Molina		ncy official.)	
	(D: 11 11		· ·	10
Name of Individual or Organization:	Unification of Disabled Latino America nization:		ans Number of Ticl	
Community orga	nization.			
Description of Organization:			· · · · · · · · · · · · · · · · · · ·	
3727 West 6th Stree	et, Suite 511	Los Angeles	CA	90020
Number and Street		City	Stat	e Zip Code
Purpose for Distribution: (Describe the public pu	irpose for the dist	ribution to the organizatior	1.)	

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

Print Name

Joanie Paul

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

5. Verification

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

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Ticket Administrator