

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name Los Angeles County		Date Stamp	California Form 802 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 (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 100.00

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)

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: Irene Espinoza - City of Rosemead Number of Tickets: 2

Description of Organization: Provides services to constituents.

Address of Organization: 15900 East Main Street La Puente CA 91744  
Number and Street City State Zip Code

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

5.3 h) Promote public and private facilities 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 05/20/10  
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.)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacobos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 14 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ Face Value of Ticket: \$ 100.00

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)

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: Rosie Rodriguez - Julia McNeil Senior Center Number of Tickets: 2

Description of Organization: Senior center located in the First District.

Address of Organization: 4100 Baldwin Park Boulevard Baldwin Park CA 91706  
Number and Street City State Zip Code

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

 Joanie Paul Ticket Administrator 05/20/10  
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.)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 14 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.

Face Value of Ticket: \$ 93.00

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)

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: Willa Reynolds-Baldwin Park Unified Sch. Dist Number of Tickets: 2

Description of Organization: School district located in the First District.

Address of Organization: 3699 North Holly Avenue Baldwin Park CA 91706

Number and Street City State Zip Code

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

5.3 h) Promoting public and private facilities 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 05/20/10

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

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 15 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.  
 Face Value of Ticket: \$ 100.00

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)

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: Celia Cabezudo - Human Services Assoc. Number of Tickets: 2

Description of Organization: Community organization located in First District.

Address of Organization: 6422 Rita Avenue, #1 Huntington Park CA 90255  
Number and Street City State Zip Code

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

Joanie Paul Joanie Paul Ticket Administrator 05/20/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 15 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.

Face Value of Ticket: \$ 93.00

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)

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: Nancy Kennon - El Monte Senior Pres. Council Number of Tickets: 2

Description of Organization: Provides services to seniors.

Address of Organization: 3120 North Tyler Avenue El Monte CA 91731

Number and Street City State Zip Code

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

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

**5. Verification**

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

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

### 2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 16 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 100.00

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)

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: Leocadia Lucero - City of Huntington Park Number of Tickets: 2

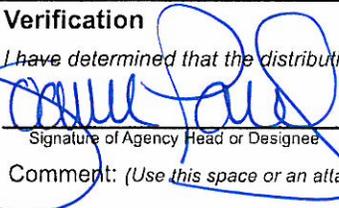
Description of Organization: Provides services to the constituents of Huntington Park.

Address of Organization: 6550 Miles Avenue Huntington Park CA 90255  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
5.3 h) Promote 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 05/20/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

### 2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 28 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 100.00

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)

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: Bobbie M. Thompson - City of South Gate Number of Tickets: 2

Description of Organization: Provides services to the constituents of South Gate.

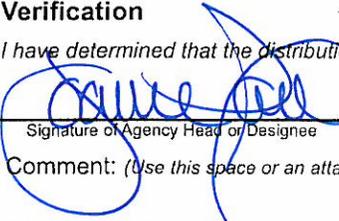
Address of Organization: 8650 California Avenue South Gate CA 90280  
Number and Street City State Zip Code

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

5.3 h) Promote 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 05/20/10  
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.)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 30 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ Face Value of Ticket: \$ 93.00

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)

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: Don Donlan - Angelus Plaza Sr. Activity Ctr. Number of Tickets: 2

Description of Organization: Provides services to seniors.

Address of Organization: 255 South Hill Street, Suite 1 Los Angeles CA 90012  
 Number and Street City State Zip Code

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

5.3 i) 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 18944.1.

Joanie Paul Ticket Administrator 05/20/10  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 06 / 01 / 10 Description of Event: Los Angeles Dodger Tickets  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 50.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers  
 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)

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: Roland Rebollo - South El Monte Sr. Ctr. Number of Tickets: 2

Description of Organization: Provides services to seniors.

Address of Organization: 1556 Central Avenue South El Monte CA 91733  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
5.3 h) Promote public and private facilities 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 05/20/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 02 / 10 Description of Event: Los Angeles Dodger Tickets  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 50.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

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)

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: Moe Miller - City of Azusa Senior Center Number of Tickets: 2

Description of Organization: Provides services to seniors.

Address of Organization: 740 North Dalton Avenue Azusa CA 91702  
Number and Street City State Zip Code

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

5.3 h) Promote public and private facilities 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 05/20/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 03 / 10 Description of Event: Los Angeles Dodger Tickets  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 50.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

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)

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: Clifford Hanson - City of Bell Gardens Number of Tickets: 2

Description of Organization: Provides services to constituents of Bell Gardens

Address of Organization: 7100 South Garfield Avenue Bell Gardens CA 90201  
Number and Street City State Zip Code

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

5.3 h) Promote public and private facilities 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 05/20/10  
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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 06 / 09 / 10 Description of Event: Los Angeles Dodger Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 50.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

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)

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: Christina Valenzuela Number of Tickets: 2

Description of Organization: \_\_\_\_\_

Address of Organization: 15900 East Main Street La Puente CA 91744  
Number and Street City State Zip Code

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 05/25/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 13 / 10 Description of Event: Los Angeles Dodger Game

Face Value of Ticket: \$ 50.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

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)

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: Raul Elenes - Commerce Sr. Citizen Comm. Number of Tickets: 2

Description of Organization: Organization providing assistance to senior citizens.

Address of Organization: 2555 Commerce Way Commerce CA 90040  
Number and Street 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 18944.1.

Joanie Paul Joanie Paul Ticket Administrator 05/25/10  
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.)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 16 / 10 Description of Event: LA Philharmonic Performance at Disney Hall.

Face Value of Ticket: \$ 100.00

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)

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: Leocadia Lucero - City of Huntington Park Number of Tickets: 2

Description of Organization: Provides services to the constituents of Huntington Park.

Address of Organization: 6550 Miles Avenue Huntington Park CA 90255

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
5.3 h) Promote 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 05/20/10

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.)

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