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

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: $25.00

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: 50
Ticket(s) Provided to Agency: Gratuitously

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: Alma Family Services

Number of Tickets: 50

Description of Organization: Community Organization

Address of Organization: 4701 East Cesar Chavez Avenue, Los Angeles, CA 90022

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3h) 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 Senior Administrative Asst. 10/06/09

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/06/09
   Description of Event: LA Philharmonic at Hollywood Bowl
   Face Value of Ticket: $28.00
   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: 50
   Ticket(s) Provided to Agency: ☑ Gratuitously ☐ Pursuant to Contract

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

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: Asian Youth Center
   Description of Organization: Youth Organization
   Address of Organization: 100 West Clary Avenue, San Gabriel, CA 91776
   Number of Tickets: 50
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3h) Supporting community and youth 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.
   Signature of Agency Head or Designee: Joanie Paul Senior Administrative Asst.
   Title: 10/06/09
   Comment: (Use this space for 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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/06/09
   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: 6
   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: Benefits Assistance Clients Urban Project
   Number of Tickets: 6
   Description of Organization: Community Organization
   Address of Organization: 2120 West 8th Street, Suite 210 Los Angeles CA 90057
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   5.3h) Supporting community and youth 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 Senior Administrative Asst. 10/06/09
   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.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   Los Angeles County

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
   - **Number of Outside Source of Ticket(s) Provided to Agency:** LA Philharmonic
   - **Number of Tickets Provided to Agency:** 6

3. **Agency Official(s) Receiving Ticket(s)**
   - **Name of Official:** Joanie Paul
   - **Number of Tickets:** 6
   - **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:**

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Supervisor Gloria Molina
   - **Name of Individual or Organization:** Benefits Assistance Clients Urban Project
   - **Number of Tickets:** 6
   - **Description of Organization:** Community Organization
   - **Address of Organization:** 2120 West 8th Street, Suite 210
   - **City:** Los Angeles
   - **State:** CA
   - **Zip Code:** 90057
   - **Purpose for Distribution:** Supporting community and youth programs that benefit County residents.

5. **Verification**
   - **Signature:** Joanie Paul
   - **Print Name:** Senior Administrative Asst.
   - **Title:** (month, day, year)
   - **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)