Tickets Provided by Agency Report		ncy Report A Public Document				TICK	ETS PROVIDED E
1. Agency Name Los Angeles County Division, Department, or Regi	ion (if applicable)			Date S	Stamp	Californ Form	nia QO2
Board of Supervisors - First Street Address							
500 West Temple Street, R	-0.000	geles, CA 90	0012				
B 0.2.1	E-mail Molina@lacbos.o	org		Amendm	nent (Must exp	lain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Adminis				Date of Origi	inal Filing:	(month, day,	year)
2. Event For Which Tickets Date(s) of Event: 08		ription of Eve	ent: xet: \$	monic at Hol	lywood Bo	wl	
Agency Event Yes	➤ No (Identify s	1.4	ets below.) A Philharmonic				
Name of Outside Source of T	189 (8)	lo Agency: 🗀	A I IIIIII al IIII of III				
Name of Outside Source of T Number of Tickets Received:	189 (8)	lo Agency:	ovided to Agend		itously [] Pursuar	nt to Contrac
	45	lo Agency: Ticket(s) Pro	ovided to Agend	y: 🗵 Gratu	itously [] Pursuar	nt to Contrac
Number of Tickets Received:	ving Ticket(s) (us	lo Agency: Ticket(s) Pro	ovided to Agendon sheet for addi	y: 🗵 Gratu	ution îs Inco	me to the C	Official or
Number of Tickets Received: 3. Agency Official(s) Received: Name of Official	ving Ticket(s) (us	Ticket(s) Prose a continuation	ovided to Agendon sheet for addi	y: X Gratu tional names) her the Distrib	ution îs Inco	me to the C	
Number of Tickets Received: 3. Agency Official(s) Received: Name of Official	ving Ticket(s) (us	Ticket(s) Prose a continuation	ovided to Agendon sheet for addi	y: X Gratu tional names) her the Distrib	ution îs Inco	me to the C	Official or
Number of Tickets Received: 3. Agency Official(s) Received: Name of Official(Last, First)	ving Ticket(s) (us	Ticket(s) Prose a continuation Number of Tickets	ovided to Agendon sheet for addi	y: 区Gratu tional names) her the Distrib be the Public	ution is Inco Purpose for t	me to the C	Official or
Number of Tickets Received: 3. Agency Official(s) Received: Name of Official(Last, First) 4. Individual or Organization Name of Behesting Agency Official(S) Name of Individual or Organization	n Receiving Tic Supervisor Supervisor Florence F	Ticket(s) Prose a continuation Number of Tickets ket(s) (Provide Gloria Molinuirestone Chain	ovided to Agendon sheet for additional State Whet Descri	y:	ution is Inco Purpose for t official.)	me to the C	Official or tion
Number of Tickets Received: 3. Agency Official(s) Received: Name of Official(Last, First) 4. Individual or Organization Name of Behesting Agency Official(S) Name of Individual or Organization	ving Ticket(s) (us al n Receiving Tic Supervisor Florence F zation: Community organ	Ticket(s) Prose a continuation Number of Tickets ket(s) (Provide Gloria Molinuirestone Chain	ovided to Agendon sheet for additional State Whet Description	y:	ution is Inco Purpose for t official.)	me to the C	Official or tion
Number of Tickets Received: 3. Agency Official(s) Received: Name of Official(s) Received: Name of Official(s) Received: Name of Official(s) Received: Name of Official(s) Received: (Last, First) Address of Organization:	ving Ticket(s) (us al n Receiving Tic Supervisor Florence F zation: Community organ	Number of Tickets ket(s) (Provident Molin irestone Chairs in Chai	ovided to Agendon sheet for additional State Whet Description of Communication of Communication and the behavior of Communication of Communica	y:	ution is Inco Purpose for t official.)	me to the C	Official or tion

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.)

Ticket Administrator

10/27/09

(month, day, year)

Tickets Provided by					
Tickets Provided by Agency Report	A Publ	ic Docume	ent		ETS PROVIDED B AGENCY REPOR
1. Agency Name Los Angeles County Division, Department, or Region (if applicable) Board of Supervisors - First District			Date Stamp	Californ Form	
Street Address 500 West Temple Street, Room 856, Los An	geles, CA 900	112	5		
Area Code/Phone Number E-mail	org		Amendment (Me		
2. Event For Which Tickets Were Distribute Date(s) of Event: 08 / 18 / 09 Desc ———————————————————————————————————	ription of Even Value of Ticke source of ticket to Agency: LA	t: \$26.00 t: \$26.00 s below.) Philharmonic	nonic at Hollywoo y: ⊠Gratuitously		nt to Contract
Name of Official (Last, First)	se a continuation Number of Tickets	State Whet	ional names) her the Distribution is be the Public Purpos		
-					
Name of Behesting Agency Official:	ket(s) (Provide Gloria Molina the Montebell	1	of an agency official	l.)	30
Name of Individual or Organization: Community organ Description of Organization:				mber of Tickets	:
Address of Organization: 849 Perry Street Number and Street Purpose for Distribution: (Describe the public purpose)	nose for the dist	City	tebello	CA State	90640 Zip Code
5.3i) Supporting community programs that ber	A-28		ganization)		

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

10/27/09

(month, day, year)

Ticket Administrator

						Р
Tickets Provided by Agency Report		A Pub	lic Docume	ent		TS PROVIDED B
1. Agency Name Los Angeles County				Date Stamp	Californ Form	ia 802
Division, Department, or Regi Board of Supervisors - First					For Office	cial Use Only
Street Address 500 West Temple Street, R	Room 856, Los Ang	geles, CA 90	012			
* 1700 10 * 1700 10 10 10 10 10 10 10 10 10 10 10 10 1	E-mail Molina@lacbos.o	rg		Amendment (Mus	st explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Adminis		3 - 1000 - 0000		Date of Original Filin	g:(month, day,	year)
2. Event For Which Tickets Date(s) of Event: 07 30 Agency Event Yes Name of Outside Source of The Number of Tickets Received: Name of Official(s) Received: Name of Official(s, First)		ription of Eve Value of Tick ource of ticke o Agency: Ticket(s) Pro	et: \$\frac{20.00}{20.00} ets below.) A Philharmonic vided to Agenc on sheet for addi	y: 🗵 Gratuitously	☐ Pursuan	
4. Individual or Organizatio Name of Behesting Agency C Name of Individual or Organiz	Supervisor Official: Friends of Station: Community organ	Gloria Molin	а) nber of Tickets:	8
	30 North Central A	venue	Sou	th El Monte	CA	91733
Address of Organization:	ber and Street		City		Slate	Zip Code

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

10/27/09

Print Name

(month, day, year)

Zip Code

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

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

5.3i) Supporting community programs that benefit County residents.

Agency Report	Provided by Report A Public Document			TICKETS PROVID AGENCY RI				
1. Agency Name Los Angeles County				Dale Slam	F			
Division, Department, or Reg	jion (if applicable)			1		For Offici	ial Use Only	
Board of Supervisors - Firs	t District							
Street Address								
500 West Temple Street, F	40	geles, CA 90	0012					
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.c	org	Acceptance of the Control of the Con	Amendment	(Must explain in	plain ın Part 5.)		
Agency Contact (name and title Joanie Paul - Ticket Admin			ORGO MONORALISMA NA ME	Date of Original	Fillng:(mor	th, day, y	rear)	
2. Event For Which Tickets	s Were Distribut	ed						
Date(s) of Event: 0802	2	ription of Eve	nt:	monic at Hollyw	ood Bowl	2 10 10		
	/ Face	Value of Tick						
Agency Event Yes	No (Identify section) ■ No (Identify se	source of ticke	ets below.)					
Name of Outside Source of	Ticket(s) Provided	to Agency:	A Philharmonic	· · · · · · · · · · · · · · · · · · ·				
	15							
Number of Tickets Received	l: <u>15</u>	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitou	sly 🔲 Pu	rsuant	to Contrac	
Number of Tickets Received 3. Agency Official(s) Received	!			· · · · · · · · · · · · · · · · · · ·	sly Pu	rsuant	lo Contrac	
	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names) her the Distributio	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	on sheet for addi	tional names)	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names) her the Distributio	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names) her the Distributio	n is Income to	the Of		
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names) her the Distributio	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation Number of Tickets	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp	n is Income to	the Of	ficial or	
3. Agency Official(s) Recei	on Receiving Tic	se a continuation Number of Tickets	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp t of an agency offi	n is Income to	the Of	ficial or on	
3. Agency Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Official(s) Received Name of Behesting Agency (s) Received Name of Official(s) Received Name of Name o	on Receiving Tic Supervisor Official: Friends of ization: Community organ	se a continuation Number of Tickets ket(s) (Provious Gloria Molinus South El Molinus Sout	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp t of an agency offi	n is Income to cose for the D cial.)	the Of	ficial or on	
3. Agency Official(s) Receivant Name of Official (Last, First) 4. Individual or Organization Name of Behesting Agency (Name of Individual or Organization) Description of Organization:	on Receiving Tic Supervisor Official: Friends of ization: Community organ	se a continuation Number of Tickets cket(s) (Provider Gloria Molinal	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp t of an agency offi	n is Income to cose for the D	the Of	ficial or on	
3. Agency Official(s) Receivance Name of Official(clast, First) 4. Individual or Organization Name of Behesting Agency (companies of Individual or Organization) Description of Organization: 143 Address of Organization:	on Receiving Ticket(s) (units of the community organization:	se a continuation Number of Tickets cket(s) (Provider Gloria Molinal	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp t of an agency offi	n is Income to cose for the D cial.)	the Of	ficial or on	
3. Agency Official(s) Received Name of Official(s) Received Name of Official(class, First) 4. Individual or Organization Name of Behesting Agency (so Name of Individual or Organization) Description of Organization: 143	on Receiving Ticket(s) (understand Supervisor Superviso	Se a continuation Number of Tickets Sket(s) (Provious Gloria Molinus	on sheet for addi State Whet Descri	tional names) her the Distributio be the Public Purp t of an agency offi	n is Income to cose for the D cial.)	the Of	15	

Hhave 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.)

Ticket Administrator

10/27/09

(month, 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, Room 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 09 Date(s) of Event: Description of Event: Face Value of Ticket: $\$ \frac{30.00}{}$ Agency Event No (Identify source of tickets below.) LA Philharmonic Name of Outside Source of Ticket(s) Provided to Agency: 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) Number State Whether the Distribution is Income to the Official or Name of Official (Last, First) Describe the Public Purpose for the Distribution of Tickets 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: Monterey Park Langley Senior Center 50 Name of Individual or Organization: Number of Tickets: . Community organization offering a variety of programs to seniors. Description of Organization: 400 West Emerson Avenue CA 91754 Monterey Park Address of Organization: State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Supporting community programs that benefit County residents.

Joanie Paul Ticket Administrator 10/27/09

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

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 of Designee Print Name Title

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

5. Verification

EPPC Form 802 (Feb/09)

Agency Report	ent	TICKETS PROVIDE AGENCY REP				
1. Agency Name Los Angeles County				Date Stamp	Californ Form	
Division, Department, or Reg					For Offi	cial Use Only
Board of Supervisors - Firs	t District					
Street Address 500 West Temple Street, F	Room 856. Los An	geles. CA 90	012	Ø		
Area Code/Phone Number	E-mail					
(213) 974-4111	Molina@lacbos.c	rg		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title, Joanie Paul - Ticket Admini				Date of Original Filing	:(month, day,	year)
. Event For Which Tickets	Were Distribute	ed		let to the second to the		
Date(s) of Event: 0827		ription of Eve	LA Philharn	nonic at Hollywood	Bowl	-
	/ Face	Value of Tick				
Agency Event Yes	☑ No (Identify s	ource of ticke				
Name of Outside Source of		.o Agency:				
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: Gratuitously	☐ Pursuar	nt to Contrac
. Agency Official(s) Recei	ving Ticket(s) (us	se a continuation	on sheet for addit	lional names)		
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is In		
						12 years 1200
. Individual or Organizatio	n Possiving Tie	kat/e) /Provis	ded at the behast	of an aganay official \		
. Individual of Organizatio	177	Gloria Molin		or an agency official.)		
Name of Behesting Agency (Official:					
rame or beneding rigories (Garfield El	ementary Sc	hool	Numb	per of Tickets	30 :
Name of Individual or Organi	zation:					
Name of Individual or Organi	zation: Elementary schoo	I located in t	he First Distric			
Name of Individual or Organi Description of Organization:	zation: Elementary schoo			t. ,		
Name of Individual or Organic Description of Organization: 742 Address of Organization:	zation: Elementary schoo 25 South Garfield		Bell	t.	CA	90201
Name of Individual or Organic Description of Organization: 742 Address of Organization:	zation: Elementary schoo			t. ,	CA State	90201 Zip Code
Name of Individual or Organic Description of Organization: 742 Address of Organization:	zation:	Avenue	Bell City stribution to the o	Gardens		

Joanie Paul

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

Print Name

10/27/09

(month, day, year)

Ticket Administrator

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

<u> </u>					Maria Caraca de			
1. Agency Name Los Angeles County				Date Stamp	Californ Form			
Division, Department, or Re	gion (if applicable)				For Off	icial Use Only		
Board of Supervisors - Fir					88			
Street Address								
500 West Temple Street,	Room 856, Los Ar	ngeles, CA 90	012					
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.	org		Amendment (Must explain in Part 5.)				
Agency Contact (name and title Joanie Paul - Ticket Admir	Date of Original Filing:(month, day, year)							
2. Event For Which Ticket	s Were Distribut	ted						
Date(s) of Event: 08 /1	3 <u>/09</u> Desc	cription of Eve	LA Philharn nt:	nonic at Hollywood B	owl			
	/ Face	Value of Tick	et: \$ 26.00					
Agency Event Yes	No (Identify	source of ticke	ets below.)					
Name of Outside Source of	Ticket(s) Provided	to Agency:	A Philharmonic					
Number of Tickets Receive	5. 5	1070	vided to Agenc	y: 🗵 Gratuitously	□ Pursuar	nt to Contrac		
Trained tradition				,. <u> </u>				
3. Agency Official(s) Rece	iving Ticket(s) (u	use a continuation	on sheet for addit	ional names)				
Name of Offi		Number		her the Distribution is Inc				
(Last, First)		of Tickets	Descrit	be the Public Purpose fo	r the Distribu	tion		
	*							
<u> </u>								
I. Individual or Organizati	on Receiving Tid	cket(s) (Provid	led at the behest	of an agency official.)				
Name of Behesting Agency	Superviso	r Gloria Molin		o, an agono, omoun,				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Park Chambe	r of Commerce)	•	10		
Name of Individual or Organ	nization:			Numbe	er of Tickets	i		
Description of Organization:	Community organ	nization.						
N	70 North Avenue	50	Los	Angeles	CA	90042		
Address of Organization:	mber and Street		City	Angeles	State	Zip Code		
			***		Siale	Zip Code		
Purpose for Distribution: (D				rganization.)				
5.3i) Supporting community	/ programs that be	enetic County r	esidents. 					
: Varification =								
5. Verification	ibution of tipleato anti-	farth about is la	accordance with	the provisions of EDDC	Dogulation 1	100444		
I have determined that the distr	Joanie Pau			Administrator	Regulation 1			
Signature of Agency Head or Design	<i>U</i>	Print Name		Title		onth, day, year)		
Commen!: (Use this space of a			n including amendi		1770	, 247, 7001)		
				and the state of t				

Tickets Provided by Agency Report	A Pub	lic Docume	ent		ETS PROVIDED AGENCY REPO
1. Agency Name Los Angeles County			Dale Stamp	Californ Form	
Division, Department, or Region (if applicable) Board of Supervisors - First District				For Off	icial Use Only
Street Address 500 West Temple Street, Room 856, Los An	geles, CA 90	012			
Area Code/Phone Number E-mail (213) 974-4111 Molina@lacbos.c	Amendment (ML	na:			
Joanie Paul - Ticket Administrator				(month, day	year)
Agency Event Yes No (Identify s	cription of Eve Value of Tick source of ticke to Agency:	nt:			
Number of Tickets Received: 30				Pursuar	nt lo Contrac
3. Agency Official(s) Receiving Ticket(s) (u	Number of Tickets	State Whet	her the Distribution is be the Public Purpose		
4. Individual or Organization Receiving Tic Supervison Name of Behesting Agency Official:	:ket(s) (Provid r Gloria Molin		t of an agency official	.)	
Name of Individual or Organization:		ementary Scho	Nur	mber of Tickets	30
Elementary school Description of Organization:	oi located in t	ne First Distric	;L. ,		
Address of Organization: 900 South Humphrey	ys —————	Los	Angeles	CA State	90022 Zip Code
Purpose for Distribution: (Describe the public pur 5.3h) Promoting public and private facilities as	N.				

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

Agency Head or Designee Print Name Title

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

Joanie Paul

5. Verification

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

10/27/09

(month, day, year)

Ticket Administrator