**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   - Los Angeles County

2. **Division, Department, or Region (if applicable)**
   - Board of Supervisors - First District

3. **Street Address**
   - 500 West Temple Street, Suite 856, Los Angeles, CA 90012

4. **Area Code/Phone Number**
   - (213) 974-4111
   - E-mail: Molina@lacbos.org

5. **Agency Contact (name and title)**
   - Joanie Paul - Senior Administrative Assistant / Ticket Administrator

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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/04/09</td>
<td>LA Philharmonic at Hollywood Bowl</td>
</tr>
</tbody>
</table>

   | Face Value of Ticket: | $30.00 |

<table>
<thead>
<tr>
<th>Agency Event</th>
<th>Yes</th>
<th>No (Identify source of tickets below.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Philharmonic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Tickets Received:</th>
<th>Ticket(s) Provided to Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>✕ Gratuitously</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Official: (Last, First)</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: North Whittier Neighborhood Watch

   Description of Organization: Community Organization.

   Address of Organization: 3727 West 8th Street, Suite 511, Los Angeles, CA 90020

   Number of Tickets: 10

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

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

   Title: Ticket Administrator

   Date: 01/22/10

   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@lacobos.org

**Agency Contact (name and title)**
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="#">California Form 802</a></td>
</tr>
</tbody>
</table>

### 2. Event For Which Tickets Were Distributed

- **Date(s) of Event:** 08/13/09
- **Description of Event:** LA Philharmonic at Hollywood Bowl
- **Face Value of Ticket:** $30.00

**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)

<table>
<thead>
<tr>
<th>Name of Official: (Last, First)</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>
</tr>
</thead>
</table>

### 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:**
North Whittier Neighborhood Watch

**Description of Organization:**
Community Organization.

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

**Number of Tickets:** 10

**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.

**Signature of Agency Head or Designee:**
[Signature]

**Print Name:**
[Print Name]

**Title:**
Ticket Administrator

**Date:** 01/22/10

**Comment:** (Use this space for any additional information including amendment explanation.)

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FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**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:** 08/11/09

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

   **Face Value of Ticket:** $30.00

---

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

   **Name of Official:**
   - 

   **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:**
   - North Whittier Neighborhood Watch

   **Number of Tickets:***
   - 10

   **Description of Organization:**
   - Community Organization.

   **Address of Organization:**
   - 3727 West 8th Street, Suite 511

   **City:** Los Angeles

   **State:** CA

   **Zip Code:** 90020

   **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**

   **Signature of Agency Head or Designee:***
   - Joanie Paul

   **Print Name:**
   - Ticket Administrator

   **Title:**
   - 

   **Date:** 01/22/10

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

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FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## 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: 08/20/09
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: 50
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 (Last, First)</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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:
Old Timers Foundation
Number of Tickets: 50
Description of Organization:
Community organization for seniors.
Address of Organization:
3355 East Gage Avenue
Huntington Park
CA
90255
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 19444.1.
Joanie Paul
Ticket Administrator
01/22/10
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.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
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A Public Document

1. Agency Name
   Los Angeles County
   Division, Department, or Region (# 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: 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: 50
   Ticket(s) Provided to Agency:
   □ Grautiously   □ 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: Old Timers Foundation
   Number of Tickets: 50
   Description of Organization:
   Community organization for seniors.
   Address of Organization:
   3355 East Gage Avenue
   Huntington Park, CA 90255
   State
   City
   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 19444.1.
   Joanie Paul
   Ticket Administrator
   01/22/10
   Signature of Agency Head of Department
   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)
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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@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: $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: 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: Pacific Clinics
   Number of Tickets: 10
   Description of Organization: Health clinic located in the First District.
   Address of Organization: 9864 Baldwin Place
   City: El Monte
   State: CA
   Zip Code: 91731
   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.
   Signature of Agency Head or Designee
   Print Name Joanie Paul
   Title Ticket Administrator
   Date 01/22/10 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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1. **Agency Name**
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500 West Temple Street, Suite 856, Los Angeles, CA 90012

**Area Code/Phone Number**
(213) 974-4111

**E-mail**
Molina@lacobos.org

**Agency Contact (name and title)**
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

**Date Stamp**

**California Form 802**

For Official Use Only

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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:** 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

---

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:** Pacific Clinics
   **Number of Tickets:** 10
   **Description of Organization:** Health clinic located in the First District.
   **Address of Organization:** 9864 Baldwin Place, El Monte, CA 91731
   **Purpose for Distribution:** Support community programs that benefit County residents.

---

5. **Verification**

   **Signature of Agency Head or Designee:** Joanie Paul
   **Print Name:** Ticket Administrator
   **Date:** 01/22/10
   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

---

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Area Code/Phone Number E-mail
(213) 974-4111 Molina@lacobos.org

Agency Contact (name and title)
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

[Space for Date Stamp]

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08/13/09
Description of Event: LA Philharmonic at Hollywood Bowl
Face Value of Ticket: $26.00

Agency Event Yes No (Identify source of tickets below.)
[Space for Name of Outside Source of Ticket(s) Provided to Agency]
[Space for 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)

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<tr>
<th>Name of Official, (Last, First)</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: Pacific Clinics

Description of Organization: Health clinic located in the First District.

Address of Organization:
9864 Baldwin Place
El Monte
CA 91731

Number of Tickets: 10

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

(made on month, day, year)

Signature of Agency Head or Director Print Name Title

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