### Agency Report of:
**Ceremonial Role Events and Ticket/Admission Distributions**

#### 1. Agency Name
- County of Los Angeles
- **Division, Department, or Region (if applicable):** Board of Supervisors - First District
- **Street Address:** 500 West Temple Street, Suite 856, Los Angeles, CA 90012
- **Designated Agency Contact (Name, Title):** Joanie Paul - Ticket Administrator
- **Area Code/Phone Number:** 213-974-4111
- **E-mail:** Molina@lacbos.org

#### 2. Function, Event, or Ceremonial Role Information
- **Title:** LA Philharmonic Performance at Hollywood Bowl
- **Face Value of Each Admission:** $29.00
- **Date(s):** 08/18/11

**Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [X]

**Was the distribution to persons identified below made at the behest of an agency official?**
- Yes [X] No [ ]

**Official’s Name (Last, First) and Title:**
- Supervisor Gloria Molina

#### The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sayaku Ota</td>
<td>30</td>
<td>Yes [ ] No [X]</td>
<td></td>
</tr>
<tr>
<td>San Gabriel Valley Habitat for Human</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>400 South Irwindale Avenue</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Azusa, CA 91702</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Support for community programs</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Verification

I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

**Print Name:** Ticket Administrator

**Title:** (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Los Angeles
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   Board of Supervisors - First District
   Street Address
   500 West Temple Street, Suite 856, Los Angeles, CA 90012
   Designated Agency Contact (Name, Title)
   Joanie Paul - Ticket Administrator
   Area Code/Phone Number
   213-974-4111
   E-mail
   Molina@lacbos.org

2. Function, Event, or Ceremonial Role Information
   Title
   LA Philharmonic Performance at Hollywood Bowl
   Description
   Concert
   Face Value of Each Admission
   $29.00
   Date(s)
   08 18 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no:
   LA Philharmonic
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐ If yes:
   Supervisor Gloria Molina
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admissions(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Kwon</td>
<td>26</td>
<td>No ☒</td>
</tr>
<tr>
<td>Santa Fe High School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10400 Orr &amp; Day Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Fe Springs, CA 90670</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for community programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income ☐</td>
<td></td>
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<td>Income ☐</td>
<td></td>
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Joanie Paul
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
(month, day, year)

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

FPPC Form 602 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Los Angeles

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

   Street Address
   500 West Temple Street, Suite 856, Los Angeles, CA 90012

   Designated Agency Contact (Name, Title)
   Joanie Paul - Ticket Administrator

   Area Code/Phone Number          E-mail          
   213-974-4111                     Molina@lacbos.org

   Date Stamp  California Form 802
   For Official Use Only

   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing (month, day, year)

2. Function, Event, or Ceremonial Role Information

   Title                      LA Philharmonic Performance at Hollywood Bowl

   Description                Concert

   Face Value of Each Admission $ 29.00

   Date(s)                    09 13 11

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No X

   If no:

   LA Philharmonic

   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?

   Yes X No ☐ If yes: Supervisor Gloria Molina

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Grana</td>
<td>30</td>
<td>Yes ☐ No X</td>
</tr>
<tr>
<td>Santa Fe Springs Chamber of Comm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12016 Telegraph Road, Suite 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Fe Springs, CA 90670</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for community programs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   • If no income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

3. Verification

   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   [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 602 (2/11)
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   Joanie Paul - Ticket Administrator
   Area Code/Phone Number E-mail
   213-974-4111 molina@lacbos.org

2. Function, Event, or Ceremonial Role Information
   Title
   LA Philharmonic Performance at Hollywood Bowl
   Description
   Concert
   Face Value of Each Admission $29.00
   Date(s) 08 25 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
   LA Philharmonic
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐
   If yes: Supervisor Gloria Molina
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard Rich</td>
<td>30</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Saturday Night Bath Concert Fund</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>1804-A Carnegie Lane</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Redondo Beach, CA 90278</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Support for community programs.</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Joanie Paul
   Print Name
   Ticket Administrator
   Title
   (Date, Signature) 1/12
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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Joanie Paul - Ticket Administrator
Area Code/Phone Number E-mail
213-974-4111 Molina@lacos.org

2. Function, Event, or Ceremonial Role Information
Title LA Philharmonic Performance at Hollywood Bowl
Description Concert
Face Value of Each Admission $29.00
Date(s) 08/18/11
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: LA Philharmonic
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorothy Gammoning</td>
<td>30</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Search to Involve Filipino Americans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3200 West Temple Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90026</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for community programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head of Designee Print Name Title

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

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   213-974-4111  Molina@lacbos.org

2. Function, Event, or Ceremonial Role Information
   Title  LA Philharmonic Performance at Hollywood Bowl
   Description  Concert
   Face Value of Each Admission $29.00
   Date(s)  08 30 11
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: LA Philharmonic
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes:  Supervisor Gloria Molina
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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</tr>
</thead>
<tbody>
<tr>
<td>Evonne Gallareo</td>
<td>18</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>Self Help Graphics and Art</td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>1300 East 1st Street</td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90033</td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>Support for community programs</td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
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Joanie Paul  Ticket Administrator
Print Name  Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation)
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   Joanie Paul - Ticket Administrator
   Area Code/Phone Number  E-mail
   213-974-4111  Molina@lacbos.org

2. Function, Event, or Ceremonial Role Information
   Title  LA Philharmonic Performance at Hollywood Bowl
   Description  Concert
   Face Value of Each Admission $ 29.00
   Date(s)  08 16 11
   Ticket(s)/Admission(s) provided by agency? Yes □ No X If no: LA Philharmonic
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes X No □ If yes: Supervisor Gloria Molina
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elva Gomez</td>
<td>30</td>
<td>Yes □ No X</td>
<td>Income</td>
</tr>
<tr>
<td>Sierra Vista High School Band</td>
<td></td>
<td>Yes □ No</td>
<td>Income</td>
</tr>
<tr>
<td>3600 Frazier Street</td>
<td></td>
<td>Yes □ No</td>
<td>Income</td>
</tr>
<tr>
<td>Baldwin Park, CA 91706</td>
<td></td>
<td>Yes □ No</td>
<td>Income</td>
</tr>
<tr>
<td>Support for community programs.</td>
<td></td>
<td>Yes □ No</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

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   Designated Agency Contact (Name, Title)
   Joanie Paul - Ticket Administrator
   Area Code/Phone Number
   213-974-4111
   E-mail
   Molina@lacbos.org

2. Function, Event, or Ceremonial Role Information
   Title
   LA Philharmonic Performance at Hollywood Bowl
   Description
   Concert
   Face Value of Each Admission $ 29.00
   Date(s) 08 24 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no:
   LA Philharmonic
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐ If yes:
   Supervisor Gloria Molina
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lupe Guillen</td>
<td>30</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Soledad Enrichment Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4876 Gleason Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90022</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for community programs</td>
<td></td>
<td></td>
<td></td>
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   Joanie Paul
   Print Name
   Title
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   213-974-4111 Molina@lacbos.org

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   Title: LA Philharmonic Performance at Hollywood Bowl
   Description: Concert
   Face Value of Each Admission $ 29.00
   Date(s) 08 23 11
   Ticket(s)/Admission(s) provided by agency? Yes No If no:
   LA Philharmonic
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes No If yes: Supervisor Gloria Molina
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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</thead>
<tbody>
<tr>
<td>Norma Garcia</td>
<td>30</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Sorensen Park</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>11419 Rose hedge Drive</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Whittier, CA 90060</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Support for community programs.</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
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Ticket Administrator

Signature of Agency Head or Designee
Print Name
Title

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   Date(s): 09 15 11
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   Name of Source

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   Yes X No □ If yes: Supervisor Gloria Molina
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</thead>
<tbody>
<tr>
<td>Catalina Salazar</td>
<td>20</td>
<td>Yes □ No X</td>
<td></td>
</tr>
<tr>
<td>South Gate Chamber of Commerce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3350 Tweedy Boulevard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Gate, CA 90280</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support of community programs</td>
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<td></td>
<td></td>
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   Print Name: Ticket Administrator
   Title: (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation)

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2. **Function, Event, or Ceremonial Role Information**
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   - Description: Concert
   - Face Value of Each Admission: $29.00
   - Date(s): 08 25 11
   - Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: LA Philharmonic

   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   - Yes ☑ No ☐ If yes: Supervisor Gloria Molina
     - Official's Name (Last, First) and Title: [Insert Title]

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Velma Davis</td>
<td>30</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>South Gate High School Key Club</td>
<td></td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>5115 Southern Avenue</td>
<td></td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>South Gate, CA 90280</td>
<td></td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>Support of community programs</td>
<td></td>
<td>☐ Yes ☑ No</td>
</tr>
</tbody>
</table>

   - Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   - If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

   Income ☐

3. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   - Signature of Agency Head or Designee: Joanie Paul
   - Print Name: Ticket Administrator
   - Title: [Insert Title]

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

   FPPC Form 802 (2/11)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)