					a an ann ann a bhaill ann an ann ann an ann ann an ann an Aireil				
1.	Agency Name				Date Stamp	California 202			
	County of Los Angeles					Form OUZ			
	Division, Department, or Region (if applic		For Official Use Only						
	Board of Supervisors - First District			70.00					
	Street Address								
	500 West Temple Street, Suite 856, Lo								
	Designated Agency Contact (Name, Title)								
	Joanie Paul - Ticket Administrator	- Marie - Mari			Amendment (Must p.	rovide explanation in Part 3.)			
					Date of Original Filing:				
1	Area Code/Phone Number E-mail		***************************************		Date of Original Filing:	(month, day, year)			
		lacbos.org							
	Function, Event, or Ceremonial	Role Informa	tion						
	LA Philharmonic Performance at	Hollywood Bo	wl			29.00			
	Title			Face \	Value of Each Admis	sion \$			
	Concert	***			08 , 18 , 11				
	Description			Date(s	s) [60]/[10]/[11]				
					Philharmonic				
	Ticket(s)/Admission(s) provided by	agency? Yes	□ No [	🗴 If no: 🖺	Name of	( Cauras			
					Name or	Source			
	Was the distribution to persons ide	ntified below	made at f	he hebest of	f an agency official?				
			Vice and the second sec	ne bonest of	an agono, omoran				
	Yes ⋉ No ☐ If yes: Super	visor Gloria Mo	olina						
		Official's	Name (Last	, First) and Title					
	The identity of recipient(s) and t	he explanation	on:						
0.0				Check th	e income box if the agency o	High claims admission as			
	Name (Last, First)	Number of	Agency	tavable i		performed a ceremonial role,			
	or	Admission(s)/		also prov	vide a description. ome, describe the public pur	assa Including			
	Organization (Name, Address, Description)	Ticket(s)		ceremon	ial roles, performed by an ag-				
1			V [	organiza	tion.	l looms			
	Sayaku Ota	30	Yes No ×			Income			
	San Gabriel Valley Habitat for Human <u>i</u>	till	Yes 🔲			Income			
ļ	· ·		No 🗌						
	400 South Irwindale Avenue		Yes 🗆			Income			
	100 50dti ii Wilidale Avende		No [	]					
-	CA 01702	7	Yes [		<u> </u>	Income			
	Azusa, CA 91702		No [	]   L	St. 11 - 12 - 10 - 10 - 10 - 10 - 10 - 10 -				
i		1	Yes			Income			
١	Support for community programs.		No 🗆			П			
	V - : 12 4:		<u> </u>						
	Verification	tions 10011 1 o	ad 10040 I	have varified	that the distribution of ad	Imissions sat farth shave			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forting is in accordange, with the provisions.									
1	ACILI JOS	Ticke	et Administrator	1 10/2/11/21					
Signature of Agency Head or Designee Print Name					Title	(month, day, year)			
8	Comment: (Use this space or an attachment	for any additional	information i	including ameno	lment explanation.)				

I. Agency Name	Date Stamp	California 202											
County of Los Angeles		Form 002											
Division, Department, or Region (if appli		For Official Use Only											
Board of Supervisors - First District													
Street Address													
500 West Temple Street, Suite 856, Lo													
Designated Agency Contact (Name, Title)													
Joanie Paul - Ticket Administrator	Amendment (Must p.	rovide explanation in Part 3.)											
Area Code/Phone Number   E-mail													
	lacbos.org			Date of Original Filing:	(month, day, year)								
		4! - 1-											
2. Function, Event, or Ceremonial													
Title LA Philharmonic Performance a	t Hollywood Bo	wl	Face	Value of Each Admis	sion \$ 29.00								
1110													
Description Concert			Date(s	s) 08 / 18 / 11									
,													
Ticket(s)/Admission(s) provided by	agency? Yes	□ No I¥	I If no: LA	Philharmonic									
rional(a), riamination(a) provided by	agono, 100		,	Name of	Source								
Was the distribution to persons ide	ntified below i	nade at th	e behest o	f an agency official?									
Supe	rvisor Gloria Mo	lina											
Yes ⊠ No ☐ If yes:			First) and Title										
The following of martinization and a													
The identity of recipient(s) and	ne explanation	JII.											
Name				ne income box if the agency o income. If the agency official	official claims admission as performed a ceremonial role,								
(Last, First) or	Number of Admission(s)/		Agency Official  If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or										
Organization (Name, Address, Description)	Ticket(s)												
(Marie, Address, Description)			organiza										
David Kwon	26	Yes 🗌			Income								
Bavia Kwon		No 🗵	L										
Santa Fe High School		Yes 🗌		±	Income								
		No 🗌	<u> </u>	AND THE RESERVE OF THE PERSON									
10400 Orr & Day Road		Yes 🗌			Income								
10400 Off & Day Noad		No 🗆	<u> </u>										
Carta Fa Caria na CA 00670	7	Yes 🗌			Income								
Santa Fe Springs, CA 90670		No 🗆											
		Yes			Income								
Support for community programs.		No 🗆											
. Verification													
I have read and understand FPPC Regula	ations 18944 1 ar	nd 18942   F	nave verified	that the distribution of ac	imissions, set forth above.								
is in accordance with the provisions.	2	100 E. F	.c.ro roilliou	The second division of the									
			— —		Blatta								
	anie Paul		Ticke	et Administrator	70110								
Signature of Agency Head or Designee	Print Na	ime		Title	(month, day, year)								
`				des and mindame Com N									
Comment: (Use this space or an attachmen	l for any additional	information in	iciuding amend	ament explanation.)									

Tonour tallitoololi Biotilibation	•					
I. Agency Name				Date Stamp	California 202	
County of Los Angeles			Form OUZ			
Division, Department, or Region (if applica		For Official Use Only				
Board of Supervisors - First District						
Street Address	Street Address					
500 West Temple Street, Suite 856, Los		,				
Designated Agency Contact (Name, Title)	П					
Joanie Paul - Ticket Administrator	Amendment (Must p	rovide explanation in Part 3.)				
Area Code/Phone Number   E-mail						
213-974-4111 Molina@l	acbos.org	***			(month, day, year)	
2. Function, Event, or Ceremonial R		lion				
The second secon						
Title LA Philharmonic Performance at I	Hollywood Boy	wl	Face	Value of Each Admis	sion \$ 29.00	
	***************************************					
Description Concert			Date(s	s) 09 / 13 / 11		
Ticket(s)/Admission(s) provided by	agency? Yes	□No区	If no: LA	Philharmonic		
				Name of	Source	
Was the distribution to persons iden	Hifford bolovy n	nado at th	n hahaat a	f an agoney official?		
			e nenest o	an agency official:		
Yes ⋈ No ☐ If yes: Superv	risor Gloria Mo	lina				
100 E 110 E 11700.	Official's	Name (Last, I	irst) and Title			
The identity of recipient(s) and th	e explanatio	n:				
			Check th	ne income box if the agency o	official claims admission as	
Name (Last, First)	Number of	Agency	taxable i	ncome. If the agency official	performed a ceremonial role,	
or Organization	Admission(s)/	Official	The state of the s	vide a description. come, describe the public pur	pose, includina	
(Name, Address, Description)	Ticket(s)	** * * *	ceremor	ial roles, performed by an ag		
		Yes 🗆	organiza	uon.	Income	
Sue Grana	30	No 🗵				
		Yes 🗆			Income	
Santa Fe Springs Chamber of Comm.		No $\square$				
					Income	
12016 Telegraph Road, Suite 100		Yes				
Santa Fe Springs, CA 90670		Yes  No			Income	
Support for community programs.		Yes 🔲			Income	
		No 🗌				
. Verification						
I have read and understand FPPC Regulat	ions 18944.1 an	d 18942. I h	ave verified	that the distribution of ac	lmissions, set forth above,	
is in accordance with the provisions.	- W			Name and the second second second	- <del> </del>	
ACCIIII AII ) Joa	nie Paul		Ticke	et Administrator	19/2//2	
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)	
Contractic of Agency Fleat of Designes	i intita	erew.		,	to some and the sol	
Comment: (Use this space or an attachment to	or any additional i	information in	cluding amend	dment explanation.)		

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Α	P١	In	IC.	1)(	C	um	en	t

. Agency Name	Date Stamp	California 802					
County of Los Angeles		Form OUL					
Division, Department, or Region (if applic		For Official Use Only					
Board of Supervisors - First District							
Street Address							
500 West Temple Street, Suite 856, Lo	s Angeles, CA 9	0012					
Designated Agency Contact (Name, Title)				<b>.</b>			
Joanie Paul - Ticket Administrator				Amendment (Must p	rovide explanation in Part 3.)		
Area Code/Phone Number   E-mail				Date of Original Filing:			
	lacbos.org				(month, day, year)		
Function, Event, or Ceremonial I		***************************************					
Title LA Philharmonic Performance at	Hollywood Boy	wl	Eaco \	Value of Each Admis	sion \$ 29.00		
Title			race	value of Lacif Autilis	31011 \$		
Description Concert			Date(s	08 , 25 , 11			
Description	THE STATE OF THE S		Date	5)			
T. ( - W. ) & ( - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0 V		LA LA	Philharmonic			
Ticket(s)/Admission(s) provided by	agency? Yes	□ NO [X	If no:	Name of	Source		
*							
Was the distribution to persons ide	ntified below r	nade at th	e behest of	f an agency official?			
Cupar	visor Gloria Mo	lina		16-16-17-18-17-17-17-17-17-17-17-17-17-17-17-17-17-			
Yes X No If yes: Super							
	Official's	Name (Last, I	First) and Title				
The identity of recipient(s) and t	he explanatio	on:					
Name Check the income box if the agency official claims admission as							
(Last, First)	Number of	Agency taxable income. If the agency official performed a ceremonial role, also provide a description.					
or Organization	Admission(s)/	Official		ome, describe the public pur	pose, including		
(Name, Address, Description)	Ticket(s)		ceremon	ial roles, performed by an ag	ency official, individual, or		
		Yes 🗌	Organiza		Income		
Howard Rich	30	No 🗵					
		Yes 🗆			Income		
Saturday Night Bath Concert Fund		No $\square$			I III COINE		
		<del>                                     </del>					
1804-A Carnegie Lane		Yes 🗌			Income		
A STATE OF THE STA	<u> </u>	No L	L				
Redondo Beach, CA 90278		Yes			Income		
nedondo Beden, en 30270		No 🗆					
		Yes 🔲			Income		
Support for community programs.	][]	No 🗌					
Verification							
I have read and understand FPPC Regula	tions 18944.1 an	nd 18942. I h	ave verified	that the distribution of ac	dmissions, set forth above,		
is in accordance with the provisions.		www.ive.edi.edi.ii					
Carried Paul			<b>—</b>		Philip		
THAN SOME	anie Paul		licke	et Administrator	101/10		
Signature of Agency Head or Designee	Print Na	me	The second secon	Title	(month, day, year)		
			-to-stin	description of a section of the sect			
Comment: (Use this space or an atlachment	ior any additional i	intormation in	ciuding amend	iment explanation.)			

111	Men Adminission Distribution.	3				Ti dono bodamon			
1.	Agency Name	Date Stamp	California 202						
	County of Los Angeles			Form OUZ					
	Division, Department, or Region (if application)	able)				For Official Use Only			
	Board of Supervisors - First District								
	Street Address								
	500 West Temple Street, Suite 856, Los		W.						
	Designated Agency Contact (Name, Title)								
	Joanie Paul - Ticket Administrator	Amendment (Must p	provide explanation in Part 3.)						
					Date of Original Filing:				
- 1		achos ora			Dute or originar rining.	(month, day, year)			
		acbos.org							
2.	Function, Event, or Ceremonial F	Role Informat	tion						
	LA Philharmonic Performance at	Hollywood Bov	wl			29.00			
	Title			Face	Value of Each Admis	sion \$			
	Concert			<b>B</b> -6-6	(3) 08 (18 (11				
	Description			Date(	s) <u> </u>				
				LA	Philharmonic				
	Ticket(s)/Admission(s) provided by a	agency? Yes	ency? Yes No X If no:						
					770110				
,	Vas the distribution to persons identified below made at the behest of an agency official?								
		Supervisor Gloria Molina							
	Yes 🗵 No 🔲 If yes: Superv								
		Official's	Name (Las	t, First) and Title					
,	The identity of recipient(s) and th	ne explanatio	on:						
				a Check ti	ne income box if the agency of	official claims admission as			
	Name (Last, First)	Number of	Agency	favable		performed a ceremonial role,			
	or	Admission(s)/ Offic		also pro	vide a description.	maca jagludina			
	Organization (Name, Address, Description)	Ticket(s)	cerem		ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or				
			14 .	organiza	ition,				
	Dorothy Gamoning	30	Yes _	- 11		Income			
ļ	Detectify during the second		No 2						
	Search to Involve Filipino Americans		Yes [	]		Income			
Į	Search to involve i ilipino Americans	] [	No [	] <u>  L</u>					
İ	2200111 . T L. C		Yes [		<u> </u>	Income			
	3200 West Temple Street		No [	]   <u> </u>					
Ì			Yes F	7		Income			
	Los Angeles, CA 90026	]]	No F	<del>-</del> []		П			
ļ									
-	Support for community programs.		Yes [	- 11		Income			
L			INO L						
	Verification								
	I have read and understand FPPC Regulat	ions 18944.1 an	d 18942.	I have verified	that the distribution of a	dmissions, set forth above,			
-	is in accordance with the provisions.								
1	MILLO MILL Joa	nie Paul		Ticke	et Administrator	19/1/12			
/ .	Commercial -								
	Signalure of Agency Head or Designee	Print Na	me		Title	(month, day, year)			
_	Comment: (Use this space or an attachment	dment explanation.)							
ĺ	Comment. 1036 this space of an attachment	Somment: (Use this space or an attachment for any additional information including amend							

TOROG TOROGOTO DISCIDATION	J							
1. Agency Name				Date Stamp	California 802			
County of Los Angeles		Form OUZ						
Division, Department, or Region (if applic		For Official Use Only						
Board of Supervisors - First District	Board of Supervisors - First District							
Street Address			1					
500 West Temple Street, Suite 856, Los	a a							
Designated Agency Contact (Name, Title)								
Joanie Paul - Ticket Administrator	- 100,			Amendment (Must pr	ovide explanation in Part 3.)			
Area Code/Phone Number   E-mail								
	lacbos.org			Date of Original Filing:	(month, day, year)			
2. Function, Event, or Ceremonial F	Role Informat	tion						
LA Philharmonic Performance at	Hollywood Bov	νl	Fore	Value of Each Admiss	29.00			
Title			race	value of Each Admiss	3011 \$			
Concert			Date(s	08 , 30 , 11				
Description			Date	5) ====================================				
			LA LA	Philharmonic				
Ticket(s)/Admission(s) provided by	agency? Yes	☐ No [x	If no: 느	Name of	Source			
Was the distribution to persons ider	ntified below n	nade at the	e behest o	f an agency official?				
Supon	visor Gloria Mo	lina						
Yes 🗵 No 🗌 If yes: Superv			A A					
	Official's	Name (Last, I	First) and Title					
The identity of recipient(s) and the	ne explanatio	n:						
Name			Check th	ne income box if the agency of	ficial claims admission as			
(Last, First)	Number of	Agency	Agency taxable income. If the agency official performed a ceremonial role,					
or Organization	Admission(s)/	Official		ovide a description, icome, describe the public purpose, including inlal roles, performed by an agency official, individual, or				
(Name, Address, Description)	Ticket(s)		ceremor					
		Yes 🗌	organiza	ition.	Income			
Evonne Gallarelo	18	No 🗵						
Self Help Graphics and Art		Yes 🗌			Income			
		No 🗆						
1300 East 1st Street		Yes 🔲			Income			
	]	No 🗆	L					
Los Angeles, CA 90033		Yes		CONTRACTOR OF MANAGEMENT OF STREET	Income			
Los Aligeles, CA 90055	] []	No 🗆						
		Yes 🔲			Income			
Support for community programs.		No 🔲						
3. Verification	<del></del>	<del></del>	<u> </u>					
I have read and understand FRPC Regulat	lions 18944 1 an	d 18942   h	ave verified	that the distribution of ad-	missions, set forth above.			
is in accordance with the provisions.	100 71.1 011	u 10012,711	2.0 (0)11100	III GIOLIDATORI OI GO	_ 1 01			
			<b>-1</b> [					
Will Tall Joa	nie Paul		Ticke	et Administrator	J 1/12			
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)			
		20 10 10						
Comment: (Use this space or an attachment	for any additional i	nformation in	cluding amend	dment explanation.)	1			

icken Admission Distribution	J						
. Agency Name				Date Stamp	California 202		
County of Los Angeles			Form 002				
Division, Department, or Region (if applic		For Official Use Only					
Board of Supervisors - First District							
Street Address							
500 West Temple Street, Suite 856, Lo.							
Designated Agency Contact (Name, Title)	7						
processing the second s				Amendment (Must pr	ovide explanation in Part 3.)		
Joanie Paul - Ticket Administrator							
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)		
213-974-4111   Molina@	lacbos.org						
Function, Event, or Ceremonial I	Role Informa	tion	A CONTRACTOR OF THE PARTY OF TH	(1)			
LA Philharmonic Performance at	Hollywood Bo	wl	F \	/alue of Each Admiss	29.00		
Title			race	value of Each Admiss	51011 \$		
Description Concert			Date(s	08 , 16 , 11			
Description		water manager to the second of	,				
Ticket(s)/Admission(s) provided by	agency? Voc	E No E H	no. LA	Philharmonic			
rienerializatinasionias brovidea by	agency: 185		110,	Name of	Source		
Was the distribution to persons idea	ntified below r	nade at the b	ehest of	f an agency official?			
Super	visor Gloria Mo	lina		According to the second			
Yes 🗵 No 🗌 If yes:			() and Title				
	Official's	Name (Last, Firs	i) and Tille				
The identity of recipient(s) and the	he explanation	on:					
Name	- 1 3 7 7 2 7 2 2	100 100	Check th	e income box if the agency of	ficial claims admission as		
(Last, First)	Number of	Agency	taxable i	ncome. If the agency official	performed a ceremonial role,		
or .	Admission(s)/	Official	The state of the s	vide a description. ome, describe the public purp	nose Including		
Organization (Name, Address, Description)	Ticket(s)		ceremon	ial roles, performed by an age	ency official, individual, or		
		V 6	organiza	tion.			
Elva Gomez	30	Yes 🗌			Income		
Liva domez		No 🗵					
Sierra Vista High School Band		Yes 🔲 📗			Income		
Sicria vista riigir School Baria		No 🔲 L					
2000 Firm in the		Yes 🔲 🛭		Marian Company	Income		
3600 Frazier Street		No 🗆 L					
	1	Yes 🗇 🔽			Income		
Baldwin Park, CA 91706		No H			Income		
Support for community programs.		Yes 🔲			Income		
Laboration assumption of the second of the s		No 🗆 L					
Verification			•				
I have read and understand EPPC Regula	lions 18944.1 an	nd 18942. I have	e verified	that the distribution of ad	missions, set forth above,		
is in accordance with the provisions.			6		-d 1		
Scalled dell	nie Paul	<u> </u>	Ticks	et Administrator	1 0x1112		
THUR POO	I LIICKE	TAUTHINISTIATOI	I PUITO				
Signature of Agency Head or Designee	Title	(month, day, year)					
				f			
Comment: (Use this space or an attachment for any additional information including amendment explanation.)							

	Montainiosion biotribution								
1.	Agency Name				Date Stamp	California 202			
	County of Los Angeles		Form 002						
	Division, Department, or Region (if applica	able)			For Official Use Only				
	Board of Supervisors - First District								
	Street Address				1				
	500 West Temple Street, Suite 856, Los	Angeles, CA 9	0012						
	Designated Agency Contact (Name, Title)				П	//////			
	Joanie Paul - Ticket Administrator				Amenament (Must p	rovide explanation in Part 3.)			
Area Code/Phone Number   E-mail					Date of Original Filing:				
	213-974-4111 Molina@li	acbos.org	The second secon			(month, day, year)			
- '	Function, Event, or Ceremonial R		tion						
						20.00			
	Title LA Philharmonic Performance at I	Hollywood Boy	MI	Face	Value of Each Admis	sion \$ 29.00			
	Concort				00 24 11				
	Description ————————————————————————————————————			Date(s	s) 08 / 24 / 11				
				li A	Dhilharmania				
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ×	] If no: LA	Philharmonic				
	50 Marie 100 Mar				Name of	Source			
	Was the distribution to persons iden	tified helow n	nade at th	e hehest o	f an agency official?				
				c bonest o					
	Yes ☒ No ☐ If yes: Superv	isor Gloria Mo							
		Official's	Name (Last, i	First) and Title					
	The identity of recipient(s) and th	e explanatio	n:						
	Name	T T		Check th	ne income box if the agency o	fficial claims admission as			
	(Last, First)	Number of	Agency		le income. If the agency official performed a ceremonial role, provide a description, income, describe the public purpose, including				
	or Organization	Admission(s)/	Official						
	(Name, Address, Description)	Ticket(s)			nial roles, performed by an ag				
i			Yes 🗆	Organiza		Income			
	Lupe Guillen	30	No 🗵						
i			Yes 🔲			Income			
	Soledad Enrichment Action		No 🗆		ř.				
1			<u> </u>			Income			
	4876 Gleason Street		Yes L						
			Yes 🗖						
	Los Angeles, CA 90022		No $\square$			Income			
1									
	Support for community programs.		Yes 🗌			Income			
_!			No 🗌	<u> </u>					
	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.									
is in accordance whether providents.									
_	Joan	1 701112							
Signalure of Agency Head or Designee Print Name Title						(month, day, year)			
						un. 10 1051/05. 158			
	Comment: (Use this space or an attachment for	or any additional i	nformation in	cluding amend	dment explanation.)				

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11	CKEUAUIIIISSIOII DISIIIDUIIOII	5			^	T abile bocament	
1,	Agency Name		Date Stamp	California 202			
	County of Los Angeles			Form OUZ			
	Division, Department, or Region (if applica	able)			1	For Official Use Only	
	Board of Supervisors - First District						
	Street Address		1				
	500 West Temple Street, Suite 856, Los						
	Designated Agency Contact (Name, Title)				D Amondment (Market	- dela punionation in Rad 2 h	
	Joanie Paul - Ticket Administrator	3			Amendment (Most pr	rovide explanation in Part 3.)	
	Area Code/Phone Number E-mail		Date of Original Filing:	(month, day, year)			
	213-974-4111   Molina@l	acbos.org				(monut, day, year)	
2.	Function, Event, or Ceremonial R	Role Informat	tion		J		
	LA Philharmonic Performance at I	Hollywood Boy	wl T			29.00	
	Title			Face	Value of Each Admiss	sion \$	
	Concert			Detale	08 , 23 , 11		
	Description			Date(s	5)/		
	Tiele (/e)/Adminstrate a/e) amounted a book		- N	LA LA	Philharmonic		
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ NO [X	ir no: ===	Name of	Source	
	,						
	Was the distribution to persons iden	itified below n	nade at th	e behest of	f an agency official?		
	Superv	risor Gloria Mo	lina				
	Yes 🗵 No 🔲 If yes:			First) and Title			
	The identity of western 4/2) and the						
	The identity of recipient(s) and the	ie explanatic	on;				
	Name (Last, First)				ne income box if the agency of income. If the agency official p		
	or	Number of Admission(s)/	Agency Official	also pro	rovide a description.		
	Organization (Name, Address, Description)	Ticket(s)			come, describe the public purp hal roles, performed by an age		
	(Additional Property of the Pr			organiza	tion.		
	Norma Garcia	30	Yes No 🗷			Income	
				IL			
	Sorensen Park		Yes  No			Income	
	11419 Rosehedge Drive		Yes 📙			Income	
			No L				
	Whittier, CA 90606		Yes  No			Income	
	Support for community programs.		Yes 🗍			Income	
	, , ,		No 🗌				
	Verification						
	I have read and understand FPPC Regulation is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified	that the distribution of adi	missions, set forth above,	
_	TAME HOULD	nie Paul		Ticke	et Administrator	1/8///2	
Signature of Agency Head or Designee Print Name Title (month, day, year)							
	Colomanti di di			aloudia a sassassassassassassassassassassassas	describes and a real and the second		
_	Comment: (Use this space or an attachment f	or any additional i	niormation in	ciuaing amend	ітелі ехріапацоп.)		

	-							
1. Agency Name	Date Stamp California 202							
County of Los Angeles		Form OUZ						
Division, Department, or Region (if applica		For Official Use Only						
Board of Supervisors - First District	Board of Supervisors - First District							
Street Address	Street Address							
500 West Temple Street, Suite 856, Los								
Designated Agency Contact (Name, Title)								
	Joanie Paul - Ticket Administrator							
Area Code/Phone Number   E-mail				Date of Original Filing:				
213-974-4111   Molina@la	achos ora	×		Dute of original rining.	(month, day, year)			
Function, Event, or Ceremonial Role Information								
LA Philharmonic Performance at I	Hollywood Bov	νl	Enas \	Value of Each Admiss	29.00			
Title			race	value of Each Admiss	51011 \$			
Description			Date(s	09 , 15 , 11				
Description	**************************************		Date(s	s) <del></del>				
Ti-1-(1-1/4 de le-11/-)			LA	Philharmonic				
Ticket(s)/Admission(s) provided by a	agency? Yes	□ NO ⊠	If no:	Name of	Source			
*								
Was the distribution to persons iden	tified below n	nade at the	e behest of	f an agency official?				
Superv	isor Gloria Mo	lina		*				
Yes 🛛 No 🔲 If yes:			irst) and Title					
			iisij and Tilio					
The identity of recipient(s) and the	e explanation	n:						
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro	e income box if the agency of ncome. If the agency official vide a description. come, describe the public pur- lial roles, performed by an ago tion.	performed a ceremonial role,			
Catalina Salazar	20	Yes ☐ No ※			Income			
		Yes 🗆			Income			
South Gate Chamber of Commerce		No 🗆						
		Yes 🗆			Income			
3350 Tweedy Boulevard		No 🗆						
		Yes 🗖						
South Gate, CA 90280		No			Income			
Support of community programs		Yes  No			Income			
		140 LJ						
3. Verification					the fact that the same and the same and the same and			
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.								
Joan Joan	Joanie Paul Ticke							
Signature of Agency Head or Designee	Title	(month, day, year)						
Commant: (Upo this assess or an attachment of	or any additional :	nformation in	oludina amaaa	lment evolunation				
Semment: (Use this space or an attachment for	ur ariy additional i	mormation inc	auding amend	ппелі ехріапацоп.)				

HONGE AGITISSION DISCIDUTION	3			^	i abilo bodament
Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (if applicable)			-	For Official Use Only	
Board of Supervisors - First District					
Street Address			1		
500 West Temple Street, Suite 856, Los Angeles, CA 90012					
Designated Agency Contact (Name, Title)					
Joanie Paul - Ticket Administrator			Amendment (Must pro	vide explanation in Part 3.)	
			Poto of Original Filings		
			Date of Original Filing: L	(month, day, year)	
213-974-4111   Molina@l	acbos.org				
Function, Event, or Ceremonial R					
Title LA Philharmonic Performance at I	Hollywood Bov	νl	Face \	Value of Each Admissi	on \$ 29.00
Concert				08 , 25 , 11	
Description			Date(s	5)	
Ticket(s)/Admission(s) provided by a	nanau? Voc		If no: LA	Philharmonic	
ricket(s)/Admission(s) provided by a	agency res		11110.	Name of S	ource
Was the distribution to mayor and idea	difinal halasse	معالم ما المع		f an against afficial?	
Was the distribution to persons iden	tilled below i	nade at the	e benest o	Tan agency official?	
Yes ⋉ No ☐ If yes: Superv	isor Gloria Mo	lina			
Tes 🔼 140 🔲 . II yes.	Official's	Name (Lasi, F	irst) and Title		
The identity of recipient(s) and th	o ovolonatio	n.			
The identity of recipient(s) and the	ie explanatio	/11 <b>.</b>			
Name (Last, First)				ne income box if the agency official period of the income. If the agency official period is the income.	
or or	Number of Admission(s)/	Agency Official		vide a description.	
Organization (Name, Address, Description)	Ticket(s)			come, describe the public purpo nial roles, performed by an agen	
(Name, Address, Description)			organiza		
Velma Davis	30	Yes 🗌		A A A A A A A A A A A A A A A A A A A	Income
Venna Davis		No 🗵	L		
South Gate High School Key Club		Yes 🔲		**************************************	Income
South Cate High School Key Clas		No 🗌			
5115 Southern Avenue		Yes 🔲		Parado de la companya	Income
3113 30utiletti Avenue		No 🔲			
		Yes 🔲			Income
South Gate, CA 90280		No 🗖			
		Yes 🗍			Income
Support of community programs		No 🔲			
. Verification					
I have read and understand FPPC Regulati	ons 18944.1 an	d 18942. I ha	ave verified	that the distribution of adm	issions, set forth above,
is in accordance with the provisions.					
Conver Sheet		····	I I		Phyliad
Joanie Paul Ticket Administrator					101118
Signature of Agency Head of Designee	Print Na	me		Title	(month, day, year)
				y y y	
Cernment: (Use this space or an attachment for	or any additional i	nformation inc	luding amend	iment explanation.)	
					1