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. Agency Name						T	Date Stamp	California	202	
	Los Angeles County Board of Supervisors							Form	UUL	
	Division, Department, or Region (if applicable)							For Official	Use Only	
	First District									
	Street Address						\forall			
	500 West Temple Street, Suite	e 856, Los	Angeles, CA 9	0012			1			
	Designated Agency Contact (N	ame, Title)					+			
	Joanie Paul			***************************************			1	Amendment (Must provide	explanation in	Part 3.)
		E-mail	The state of the s				\dashv	Date of Original Filing:		
			acbos.org				٦	(n	nonth, day, yea	or)
	/_				_		1	The second secon		
	Function, Event, or Ceren				-					
	Title LA Philharmonic Perforn	nance at I	Hollywood Bov	νl		Face	M	alue of Each Admission	\$ 29.00	
					_	1 400	•	ande of Eden Admission		
	Description Concert					Date((s)	08 , 24 , 11	/_	
					-		(-)			
	Ticket(s)/Admission(s) prov	idad by s	nancy? Vee	IVI N	۸ E	If no: LA	A P	hilharmonic		
	ricket(a)/Admission(s) prov	ided by a	igency: res		٠ ــــا	11110.		Name of Sour	се	
	Was the distribution to pers				at the	e behest c	of	an agency official?		
	v = v = v	Superv	isor Gloria Mo	lina		- NO. CO. LANS. CO. CO. AND CO.				
	Yes 🗵 No 🔲 If yes	5: L	Official's	Name (Last, f	First) and Title	le			
				numera .	- 55	á				
	The identity of recipient(s	s) and th	e explanatio	n:	· · · · · · · · · · · · · · · · · · ·					
	Name							income box if the agency official come. If the agency official perfo		
	(Last, First) or	V	Number of Admission(s)/	Age Offi		And the second second		de a description.		
	Organization	2.1	Ticket(s)					me, describe the public purpose, al roles, performed by an agency (dual, or
	(Name, Address, Descripti	Onj		p		organiz				<u> </u>
	Solomon Katz		30	Yes						Income
	3010111011 Kutz			No	×	<u> </u>				
	Stevenson Middle School			Yes						Income
				No		<u> </u>				
	725 South Indiana Street			Yes				A CONTRACTOR OF THE CONTRACTOR		Income
	723 South Malana Street			No]				
	Las Americas CA 00035			Yes						Income
	Los Angeles, CA 90025			No		<u> </u>				
ĺ				Yes			-			Income
	Achievements by County stud	lents		No						
111	Verification	TARREST STATES								
	I have read and understand FPP	C Regulati	ions 18944.1 an	d 1894	2. I h	ave verified	d th	at the distribution of admiss	ions, set fo	rth above,
	is in accordance with the provisio	ns.								
-	52.4	loar	nie Paul			Tick	ot	: Administrator	04/18	/12
-	THUL	_							<u> </u>	
	Signature of Agency Head or Designee	1	Print Na	me				Title	(mont	h, day, year)
	Comment: (Use this space or an a	ttachment f	or anv additional i	nformal	ion in	cluding amen	ndn	nent explanation.)		
	Common pass and opass of all a									

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1.	Agency Name					Date Stamp	California 802		
	Los Angeles County Board of Superviso		Form 002						
	Division, Department, or Region (if applica	ble)					For Official Use Only		
	First District								
	Street Address								
	500 West Temple Street, Suite 856, Los	Angeles, CA 9	0012						
	Designated Agency Contact (Name, Title)								
	Joanie Paul		10/			Amendment (Must provide	e explanation in Part 3.)		
	Area Code/Phone Number E-mail					Date of Original Filing:			
	213-974-4111 Molina@la	acbos ora				(month, day, year)		
·			lian			L			
• •	Function, Event, or Ceremonial R			7					
	Title LA Philharmonic Performance at H	Hollywood Bov	νl	_	Face \	/alue of Each Admission	\$ 29.00		
		***		7					
	Description Concert	Version Committee and Secretary Committee		_	Date(s	(s) 08 /24 /11/			
	Ticket(s)/Admission(s) provided by a	igency? Yes	× N	۰П	If no: LA	Philharmonic			
	£					Name of Sou	rce		
	Man the distribution to persona iden	Alfinal balaus m		,4 4h.	a habaat af	for against official?			
	Was the distribution to persons iden			11 (110	e benest of	an agency official?			
	Yes ☒ No ☐ If yes: Superv	isor Gloria Mo	lina						
	103 E 110 E 11 yes.	Official's	Name (l	ast, f	irst) and Title				
	The identity of recipient(s) and th	e explanatio	ın'						
		Coxplanatio	/11.		Ta Obsakili	2 12 2 2 2 5 2 2 7 4 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	Name (Last, First)	Number of	tavable			the income box if the agency official claims admission as income. If the agency official performed a ceremonial role,			
	or	Admission(s)/	Offic			vide a description.			
	Organization (Name, Address, Description)	Ticket(s)	114			ome, describe the public purpose lal roles, performed by an agency			
			7/		organiza	tion.			
	Dante D'Eramo	30	Yes No	×			Income		
	Greater Hunt. Park Chamber of Comm.		Yes	님			Income		
			No	ᆜ	<u> </u>				
	6330 Pacific Boulevard		Yes				Income		
			No	<u>u</u>	<u> </u>				
	Huntington Park, CA 90055		Yes				Income		
	Inditington Fant, CA 30033		No						
	Cupport community programs		Yes				Income		
	Support community programs.		No						
	Verification								
	I have read and understand FPPC Regulation	ons 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of admiss	sions, set forth above,		
	is in accordance with the provisions.								
	Tour loss	nie Paul		····	Ticko	t Administrator	04/18/12		
	Signature of Agency Head or Designee	Print Nar	me			Title	(month, day, year)		
	Comment: (Use this space or an attachment for	or any additional is	nformal	ion inc	cludina amend	lment explanation.)			
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Hoken Adminission Distribution	13			7 !	abile becament	
1. Agency Name				Date Stamp	California 202	
Los Angeles County Board of Supervi	Los Angeles County Board of Supervisors					
Division, Department, or Region (if appl	1	For Official Use Only				
First District						
Street Address				-		
500 West Temple Street, Suite 856, Lo	os Angeles, CA 9	90012				
Designated Agency Contact (Name, Title,				<u> </u>		
Joanie Paul				Amendment (Must provi	ide explanation in Part 3.)	
Area Code/Phone Number E-mail				Date of Original Filing:		
		30 3100 37 W 32 W 3		Date of Original Fining	(month, day, year)	
	placbos.org					
2. Function, Event, or Ceremonial	Role Informa	tion				
LA Philharmonic Performance a	t Hollywood Bo	wl	F 1	Value of Each Adminai	29.00	
Title			race	Value of Each Admissio	on \$ ¢ nc	
Concert			D-4-7	08 , 30 , 11		
Description			Date(s) <u>—</u> ——/ <u>——</u>		
			LA	Philharmonic		
Ticket(s)/Admission(s) provided by	agency? Yes	× No	If no:	Name of Sc	nurce	
*				Traine or oc	76100	
Was the distribution to persons ide	entified below r	nade at th	e behest o	f an agency official?		
Yes ⋉ No ☐ If yes: Supe	rvisor Gloria Mo	lina				
	Official's	Name (Last,	First) and Title	g consisting was a second and the se		
The identity of recipient(s) and	the explanation	on:				
			a Chack th	he income box if the agency offic	ial claims admission as	
Name (Last, First)	Number of	Agency		income. If the agency official per		
or	Admission(s)/	Official	The state of the s	vide a description.		
Organization (Name, Address, Description)	Ticket(s)			come, describe the public purpos nial roles, performed by an agenc		
(Manuel Additional Parties)			organiza	ation.		
Cynthia Campoy-Brophy	15	Yes 🗌			Income	
Суптиа саттроу вториу		No 🗵	L			
The Heart Project		Yes 🔲			Income	
The real Project	_	No 🗌	L			
11.40.11 (1)		Yes 🗌			Income	
1140 North Citrus Avenue		No 🗆				
		Yes 🗖			Income	
Los Angeles, CA 90038		No 🗖			Income	
Support community programs.		Yes 🗌			Income	
		No 🗌				
. Verification						
I have read and understand FPPC Regula	ations 18944.1 an	nd 18942. I h	ave verified	that the distribution of admi	issions, set forth above,	
is in accordance with the provisions.	· · · · · · · · · · · · · · · · · · ·			and the second s		
Jon of lio	anie Paul		Ticke	et Administrator	04/18/12	
TRUCK _						
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)	
Comment: (Use this space or an attachmen	l for any additional i	information in	cludina ameni	dment explanation.)		
Service and opace of an accommen	any additional		- Jones amond			

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	_				
. Agency Name	Date Stamp	California 802			
Los Angeles County Board of Supervis		Form UUZ			
Division, Department, or Region (if applic		For Official Use Only			
First District					
Street Address	1				
500 West Temple Street, Suite 856, Los					
Designated Agency Contact (Name, Title)	C Amendment (titual acc	ovide explanation in Part 3.)			
Joanie Paul				Amendment (wast pit	Tract 3.7
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
213-974-4111 Molina@	lacbos.org				(moran, day, year)
2. Function, Event, or Ceremonial F	Role Informati	tion			
LA Philharmonic Performance at					. 29.00
Title	Hollywood Bo	VVI	Face \	Value of Each Admiss	ion \$ [29.00
Concert				08 / 30 / 11	
Description	the state of the s		Date(s	s) 00 / 00 / 11	<u>/</u>
			ΙΔ	Philharmonic	
Ticket(s)/Admission(s) provided by	agency? Yes	× No	If no:	Name of S	Source
				Trains of C	300,00
Was the distribution to persons idea	ntified below r	nade at the	e behest o	f an agency official?	
Suppr	visor Gloria Mo	lina			
Yes No □ If yes: Super		Name (Last, F	Continued Title		
	Uniciars	Name (Lasi, r	-irsi) and Tille		
The identity of recipient(s) and the	ne explanatio	on:			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro	ne income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age	performed a ceremonial role, lose, including
Maria Elena Hernandez	20	Yes No ×			Income
		Yes 🗆			Income
Teresitas		No 🗆			
		Yes 🗆			Income
3876 East Forest Street		No 🗆			
	1	Yes 🗖			
Los Angeles, CA 90033		No 🗖			Income
Promoting County venues for resident		Yes No			Income
. Verification	liona 100111	W 10040 1L	avo vertead	that the distribution of ad-	missions sat forth shows
I have read and understand FPPC Regula is in accordance with the provisions.	иоль тву44.1 an	iu 10942. I N	ave veniled	urat tri o distribution of adf	mosions, set ionn above,
Y JOS	nie Paul		Ticke	et Administrator	04/18/12
Signature of Agency Dead or Designee	Print Na	ime		Title	(month, day, year)
Commonts (Man this	for any addition of	information :-	aludina ameri	dmont avalanation	
Comment: (Use this space or an attachment	ior any additional	iriiormation ine	uuuing amend	лпен ехритацоп.)	

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Д	Pu	nı	IC.	U	$^{\circ}$	u	m	e	n	I

Horourallission bistribution	10				abile becamen
. Agency Name				Date Stamp	California 202
Los Angeles County Board of Supervis		Form OUZ			
Division, Department, or Region (if applic		For Official Use Only			
First District					
Street Address	1 1				
500 West Temple Street, Suite 856, Lo		\$3			
Designated Agency Contact (Name, Title)	—	and the Control			
Joanie Paul		······		Amendment (Must provi	de explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	(month day you
213-974-4111 Molina@	lacbos.org				(month, day, year)
2. Function, Event, or Ceremonial I	Role Informa	tion			
LA Philharmonic Performance at	Hollywood Bo	wl		Volum of Frank Admirate	29.00
Title	.		Face	Value of Each Admissio	on \$
Description Concert			Date(s) 09 , 06 , 11	
			·		
Ticket(s)/Admission(s) provided by	agency? Yes	× No	If no: LA	Philharmonic Name of Sci	VIII O
				Name of 50	urce
Was the distribution to persons ide	ntified below r	nade at the	e behest o	f an agency official?	
		×1111			
Yes No If yes: Super	visor Gloria Mo				
	Official's	Name (Last, I	First) and Title	1.	
The identity of recipient(s) and t	he explanation	on:			
Name	-		Check ti	ne income box if the agency offic	ial claims admission as
(Last, First)	Number of	Agency		income. If the agency official per vide a description.	formed a ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official		come, describe the public purpos	e, including
(Name, Address, Description)	(ionoi(s)	1 to 1	ceremor	nial roles, performed by an agenc ation.	y official, individual, or
	7/	Yes 🔲			Income
Ruben Hernandez	30	No 🗵	L		
Usited Dischlad of Las Association	7	Yes 🗌			Income
United Disabled of Los Angeles		No 🗌			
2727 M - + Chl Church Cuite 511	7	Yes 🔲			Income
3727 West 6th Street, Suite 511		No 🗆	<u> </u>		
		Yes 🗌			Income
Los Angeles, CA 90020		No 🔲			
		Yes 🗌			Income
Support community programs.		No 🔲			
. Verification					
I have read and understand FPPC Regula	lions 18944.1 ar	nd 18942. I h	ave verified	that the distribution of admi	ssions, set forth above,
is in accordance with the provisions.					A CONTRACTOR OF THE CONTRACTOR
Join Join	anie Paul		Ticke	et Administrator	04/18/12
Signature of Agency Head or Designee	Print Na	ime		Title	(month, day, year)
90					Conversed School Service
Comment: (Use this space or an attachment	for any additional	information in	cluding amend	dment explanation.)	na vone
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A Public Document

THOROUT COMMODICATION	•										
1. Agency Name				Date Stamp	California 802						
Los Angeles County Board of Supervis					Form OUZ						
Division, Department, or Region (if applic]	For Official Use Only									
First District											
Street Address											
500 West Temple Street, Suite 856, Los	Angeles, CA 9	0012									
Designated Agency Contact (Name, Title)				Amendment (Must provi	(de evaluacitor in Part 21						
Joanie Paul				Amendment (was provi	de explanation in value 3.7						
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)						
213-974-4111 Molina@	lacbos.org	J			(moran, day, year)						
2. Function, Event, or Ceremonial F	Role Informa	tion									
LA Philharmonic Performance at	Hollywood Box	wl			29.00						
Title			Face	Value of Each Admission	on \$						
Description Concert			Date(s) 09 / 06 / 11							
			· ·	·							
Ticket(s)/Admission(s) provided by	agency? Yes	X No [If no: LA	Philharmonic							
riones(a)/riamission(a) provided by	agonoy. Too			Name of Sc	ource						
				r rr 1.10							
Was the distribution to persons ider	Nas the distribution to persons identified below made at the behest of an agency official?										
Yes ⋉ No ☐ If yes: Super	visor Gloria Mo	lina									
Official's Name (Last, First) and Title											
The identity of recipient(s) and the	ne explanatio	nn.									
	TO OXPIGITATIO	/···	- Chack t	he income box if the agency offic	ial claims admission as						
Name (Last, First)	Number of	Agency		income. If the agency official per							
or	Admission(s)/	Official	100000000000000000000000000000000000000	ovide a description. come, describe the public purpos	se including						
Organization (Name, Address, Description)	Ticket(s)		ceremo	nial roles, performed by an agenc							
		Yes 🗆	organiz	auon.	Income						
Rosalio Vidaurri	30	No X			I III						
	1	Yes 🗌			Income						
United Seniors of Lincoln Park		No \square		(4)							
	1	Yes 🗆	i i		Income						
1937 Sichal Street		No 🗆									
The second secon]	Yes 🗖									
Los Angeles, CA 90031		No 🗖	1		Income						
Support community programs.		Yes 🗆			Income						
	لـــــال	No 🗌									
3. Verification											
I have read and understand FPPC Regulat is in accordance with the provisions.	ions 18944.1 an	nd 18942. I h	ave verified	that the distribution of admi	ssions, set forth above,						
	nia Devil			at Administrator	04/10/13						
ALUX	nie Paul			et Administrator	04/18/12						
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)						
Comment: (Use this space or an attachment	for any additional	information in	eludina emen	dment explanation 1							
Continuent. (Ose this space of an attachment	ioi any additionari	andi maddii M	жашту аттеп	unon expanation,							