

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name Los Angeles County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: 30 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: Chinese Chamber of Commerce Number of Tickets: 30

Description of Organization: Chamber of Commerce

Address of Organization: 977 N. Broadway Ave. Ground Flr. Suite E Los Angeles CA 90012

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

5.3i) Supporting community organizations 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 Joanie Paul Ticket Administrator 03/01/11
Print Name Title (month, day, year)

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

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 30 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: El Monte Library Number of Tickets: 30

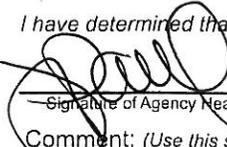
Description of Organization: Library located in the First District.

Address of Organization: 3224 North Tyler Avenue El Monte CA 91731
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3i) Supporting community organizations 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 03/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ Face Value of Ticket: \$ 31.00

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: 53 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.)

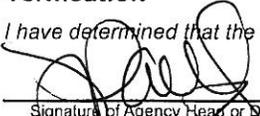
Name of Behesting Agency Official: Supervisor Gloria Molina
 Name of Individual or Organization: Huntington Park - Parks and Recreation Number of Tickets: 53
 Description of Organization: Maintain and manage parks.
 Address of Organization: 3401 East Florence Avenue Huntington Park CA 90255
Number and Street City State Zip Code

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

5.3i) Supporting community organizations that benefit County residents.

5. Verification

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Agency Contact (name and title) Joanie Paul - Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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)

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: Valleydale Park Number of Tickets: 50

Description of Organization: Park and recreation facility.

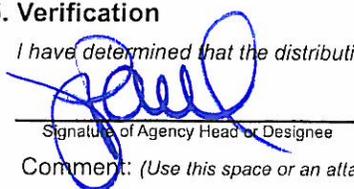
Address of Organization: 5525 North Lark Ellen Avenue Azusa CA 91702
Number and Street City State Zip Code

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

5.3i) Supporting community organizations 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.

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

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2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ Face Value of Ticket: \$ 31.00

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: 20 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: Workman Mill Association Number of Tickets: 20

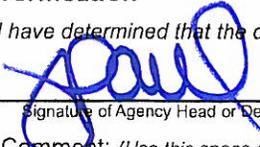
Description of Organization: Homeowner's association.

Address of Organization: 824 South 3rd Avenue Los Angeles CA 91746
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
 5.3i) Supporting community organizations that benefit County residents.

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2. Event For Which Tickets Were Distributed

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 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 30 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: Audubon Youth Boot Camp Number of Tickets: 30

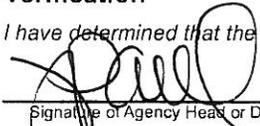
Description of Organization: Summer activities for youth.

Address of Organization: 4115 South Norton Avenue Los Angeles CA 90008
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3i) Supporting community organizations that benefit County residents.

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 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 30 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: Pellissier Village Neighborhood Watch Number of Tickets: 30

Description of Organization: Neighborhood Watch Program

Address of Organization: 2209 Mardel Avenue Whittier CA 90601
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3i) Supporting community organizations that benefit County residents.

5. Verification

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2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: 27 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: Braille Institute Number of Tickets: 27

Description of Organization: Provides services to the disabled.

Address of Organization: 741 North Vermont Whittier CA 90029

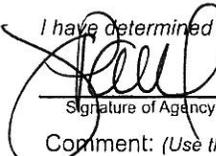
Number and Street City State Zip Code

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

5.3i) Supporting community organizations that benefit County residents.

5. Verification

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 Signature of Agency Head or Designee	<u>Joanie Paul</u> Print Name	<u>Ticket Administrator</u> Title	<u>03/01/11</u> (month, day, year)
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Agency Contact (name and title) Joanie Paul - Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 31 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ Face Value of Ticket: \$ 31.00

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: 30 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.)

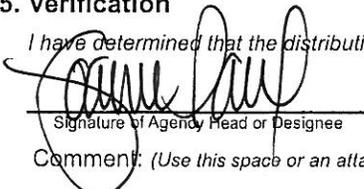
Name of Behesting Agency Official: Supervisor Gloria Molina
 Name of Individual or Organization: Autry National Center of the American West Number of Tickets: 30
 Description of Organization: Museum.
 Address of Organization: 4700 Western Heritage Way Los Angeles CA 90027
Number and Street City State Zip Code

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

5.3 i) Support community organizations 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 03/01/11
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2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 31 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 15 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: East Los Angeles Service Center Number of Tickets: 15
 Description of Organization: Provides community programs.
 Address of Organization: 133 North Sunol Drive Los Angeles CA 90063
Number and Street City State Zip Code

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

5.3 i) Support community organizations that benefit County residents.

5. Verification

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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: East Los Angeles Work Source Number of Tickets: 30

Description of Organization: Provides employment services.

Address of Organization: 5301 Whittier Boulevard, 2nd Floor Los Angeles CA 90022
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations that benefit County residents.

5. Verification

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Agency Event Yes No (Identify source of tickets below.)
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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: Neighborhood Legal Services Number of Tickets: 30

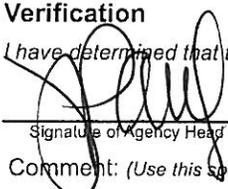
Description of Organization: Provides free legal services to low-income residents.

Address of Organization: 1102 East Chevy Chase Drive Glendale CA 91205
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations that benefit County residents.

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Face Value of Ticket: \$ 31.00

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: 30 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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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: Santa Cecilia Orchestra Number of Tickets: 30

Description of Organization: Arts organization.

Address of Organization: 2759 West Broadway Los Angeles CA 90041

Number and Street City State Zip Code

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

5.3 i) Support community organizations that benefit County residents.

5. Verification

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	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/01/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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2. Event For Which Tickets Were Distributed

Date(s) of Event: 08/31/10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ Face Value of Ticket: \$ 31.00

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: 14 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: Theater of the Hearts Number of Tickets: 14

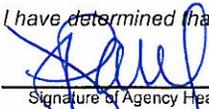
Description of Organization: Art youth education.

Address of Organization: 672 La Fayette Park Place, Suite 47 Los Angeles CA 90057
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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 03/01/11
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.)

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name Los Angeles County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 31 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ Face Value of Ticket: \$ 31.00

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: 20 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: VELA (Volunteers of East Los Angeles) Number of Tickets: 20

Description of Organization: Community programs.

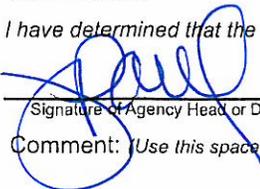
Address of Organization: 4620 East 3rd Street Los Angeles CA 90022
Number and Street City State Zip Code

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

5.3 i) Support community organizations 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.

	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/01/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 31 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 30 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: Pellisser Village Neighborhood Watch Number of Tickets: 30

Description of Organization: Neighborhood watch program.

Address of Organization: 2209 Mardel Avenue Whittier CA 90601
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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 03/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 31 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: 80 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: Braille Institute Number of Tickets: 80

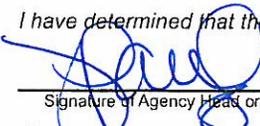
Description of Organization: Provides services to the sight impaired.

Address of Organization: 741 North Vermont Avenue Los Angeles CA 90029
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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 03/01/11
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.)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: 20 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: Bell Chamber of Commerce Number of Tickets: 20

Description of Organization: Chamber of Commerce

Address of Organization: Post Office Box 294 Bell CA 90201

Number and Street City State Zip Code

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

5.3 i) Support community organizations 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 03/01/11

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

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: East West Players Number of Tickets: 10

Description of Organization: Theater arts education.

Address of Organization: 120 Judge John Aiso Street Los Angeles CA 90012
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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	03/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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)

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: Mayberry Senior Center Number of Tickets: 50

Description of Organization: Providing services and programs to seniors.

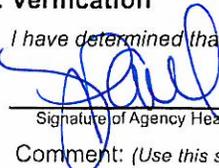
Address of Organization: 13201 East Meyer Road Whittier CA 90605
Number and Street City State Zip Code

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

5.3 i) Support community organizations 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 03/01/11
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.)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ Face Value of Ticket: \$ 31.00

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: Monterey Care Center Number of Tickets: 10

Description of Organization: Providing care to seniors.

Address of Organization: 1267 San Gabriel Boulevard Rosemead CA 91770
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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.

	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/01/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: 15 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: My Friends House Church Number of Tickets: 15

Description of Organization: Distributes food to seniors.

Address of Organization: 6525 South Norwalk Boulevard Whittier CA 90606

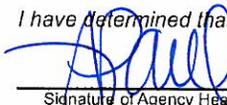
Number and Street City State Zip Code

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

5.3 i) Support community organizations 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	03/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 30 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

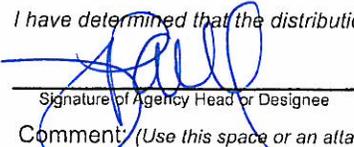
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: 30
 Description of Organization: Provides mental health services.
 Address of Organization: 9864 Baldwin Place El Monte CA 91731
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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 03/01/11
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.)

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.

Face Value of Ticket: \$ 31.00

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: 30 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: Public Health Foundation Enterprises (PHFE) Number of Tickets: 30

Description of Organization: Provides health services.

Address of Organization: 12801 Crossroads Parkway City of Industry CA 91746

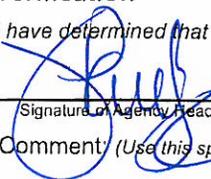
Number and Street City State Zip Code

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

5.3 i) Support community organizations 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.

	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/01/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 02 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.
 _____ / _____ / _____ Face Value of Ticket: \$ 31.00

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: 20 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: USC Memory and Aging Center Number of Tickets: 20

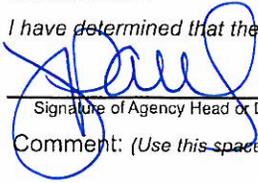
Description of Organization: Organization assisting people with Alzheimers and Dementia.

Address of Organization: 1510 San Pablo HCCI, Suite 603 Los Angeles CA 90033
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 i) Support community organizations 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 03/01/11
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.)