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Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

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

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

E-mail: Molina@lacbos.org

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

☐ **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: 38 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: PRIDE Number of Tickets: 38

Description of Organization: Youth programs.

Address of Organization: 6631 South Passons Boulevard (Number and Street) Pico Rivera (City) CA (State) 90660 (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.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Joanie Paul	Ticket Administrator	3/3/11

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

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Board of Supervisors - First District

Street Address

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

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

E-mail: Molina@lacbos.org

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

☐ **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 / 07 / 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: LAPCA Youth Orchestra Number of Tickets: 30

Description of Organization: Music and art programs.

Address of Organization: 3630 East Third Street (Number and Street) Los Angeles (City) CA (State) 90063 (Zip Code)

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

5.3 l) 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.

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

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

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E-mail: Molina@lacbos.org

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

☐ **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 / 07 / 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: LA County High School for the Arts Number of Tickets: 30

Description of Organization: Music and art programs.

Address of Organization: 5151 State University Drive (Number and Street) Los Angeles (City) CA (State) 90032 (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.

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

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

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E-mail: Molina@lacbos.org

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

☐ **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 / 07 / 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: Palos Verdes Art Center Number of Tickets: 30

Description of Organization: Art education.

Address of Organization: 5504 West Crestridge (Number and Street) Rancho Palos Verdes (City) CA (State) 90275 (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.

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

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

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E-mail
Molina@lacbos.org

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

☐ **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 / 07 / 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: The Wall Las Memorias Number of Tickets: 30

Description of Organization: HIV / AIDS Education.

Address of Organization: 111 North Avenue 56 (Number and Street) Los Angeles (City) CA (State) 90042 (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.

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

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

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

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

E-mail: Molina@lacbos.org

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

☐ **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 / 07 / 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: Unification of Disabled Latin Americans Number of Tickets: 10

Description of Organization: Improve the lives of physically challenged individuals.

Address of Organization: 3727 West 6th Street, Suite 511 (Number and Street) Los Angeles (City) CA (State) 90020 (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.

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

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

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E-mail: Molina@lacbos.org

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

☐ **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 / 07 / 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: 62 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: PRIDE Number of Tickets: 62

Description of Organization: Youth programs.

Address of Organization: 6631 South Passons Boulevard (Number and Street) Pico Rivera (City) CA (State) 90660 (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.

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

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

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Board of Supervisors - First District

Street Address

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

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

E-mail: Molina@lacbos.org

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

☐ **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 / 09 / 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: 25 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: Bassett Park Number of Tickets: 25

Description of Organization: Park and recreation programs.

Address of Organization: 510 North Vineland Avenue (Number and Street) La Puente (City) CA (State) 91746 (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.

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

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

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

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

E-mail: Molina@lacbos.org

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

☐ **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 / 09 / 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: Children's Bureau Number of Tickets: 30

Description of Organization: Providing assistance for mental health issues.

Address of Organization: 14600 Ramona Boulevard (Number and Street) Baldwin Park (City) CA (State) 91706 (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.

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

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

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

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09/09/10 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: City Terrace Library Number of Tickets: 30

Description of Organization: Library located in the First District.

Address of Organization: 4025 East City Terrace Drive (Number and Street) Los Angeles (City) CA (State) 90063 (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.

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

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

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

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(213) 974-4111

E-mail
Molina@lacbos.org

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

☐ **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 / 09 / 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: Highland Park Heritage Trust Number of Tickets: 30

Description of Organization: Volunteer preservation organization.

Address of Organization: Post Office Box 50894 (Number and Street) Los Angeles (City) CA (State) 90050 (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.

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

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

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E-mail: Molina@lacbos.org

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

☐ **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 / 09 / 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: Irwindale Chamber of Commerce Number of Tickets: 30

Description of Organization: Chamber of Commerce

Address of Organization: Post Office Box 2307 (Number and Street) Irwindale (City) CA (State) 91706 (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.

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

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

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Molina@lacbos.org

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

☐ **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 / 09 / 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: 9 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: Montebello Regional Library Number of Tickets: 9

Description of Organization: Library located in the First District.

Address of Organization: 1550 West Beverly Boulevard (Number and Street) Montebello (City) CA (State) 90640 (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.

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

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

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

☐ **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 / 09 / 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: 17 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: 17

Description of Organization: Food distribution to seniors.

Address of Organization: 6525 South Norwalk Boulevard (Number and Street) Whittier (City) CA (State) 90606 (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.

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

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

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Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

Los Angeles County

Division, Department, or Region *(if applicable)*

Board of Supervisors - First District

Street Address

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

Area Code/Phone Number

(213) 974-4111

E-mail

Molina@lacbos.org

Agency Contact *(name and title)*

Joanie Paul - Ticket Administrator

☐ **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 / 09 / 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: National Community Number of Tickets: 30

Description of Organization: Assisting with low-income housing.

Address of Organization: 9065 Haven Avenue, No. 100 (Number and Street) Rancho Cucamonga (City) CA (State) 91730 (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.

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

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

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Los Angeles County

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BOS - First District

Street Address

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

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

E-mail: Molina@lacbos.org

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

☐ **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 / 09 / 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: 5 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: Norwood Library Number of Tickets: 5

Description of Organization: Library located in the First District.

Address of Organization: 4550 North Peck Road (Number and Street) El Monte (City) CA (State) 91732 (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.

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

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

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Los Angeles County

Division, Department, or Region *(if applicable)*
BOS - First District

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

Area Code/Phone Number
(213) 974-4111

E-mail
Molina@lacbos.org

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

Date Stamp

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☐ **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 / 09 / 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: Mi Casita Parent Center Number of Tickets: 30

Description of Organization: Organization assisting parents.

Address of Organization: 2839 North Eastern Avenue (Number and Street) Los Angeles (City) CA (State) 90032 (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.

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

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

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

E-mail: Molina@lacbos.org

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

☐ **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 / 09 / 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: 9 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: Saturday Night Bath Concert Fund Number of Tickets: 9

Description of Organization: Music program for at-risk youth.

Address of Organization: 1804-A Carnegie Lane (Number and Street) Redondo Beach (City) CA (State) 90278 (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.

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

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

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

☐ **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 / 07 / 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: North Whittier Neighborhood Watch Number of Tickets: 10

Description of Organization: Neighborhood watch program.

Address of Organization: 1240 Hansford Avenue (Number and Street) Whittier (City) CA (State) 90601 (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.

Signature of Agency Head or Designee: Joanie Paul (Print Name) Ticket Administrator (Title) 03/03/11 *(month, day, year)*

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

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Los Angeles County

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Board of Supervisors - First District

Street Address

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

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

E-mail: Molina@lacbos.org

Agency Contact *(name and title)*

Joanie Paul - Ticket Administrator

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

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

09/09/10 — 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: 2 — 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: Southside MASH — Number of Tickets: 2

Description of Organization: Neighborhood group.

Address of Organization: 6454 Southside Drive (Number and Street) — Los Angeles (City) — CA (State) — 90022 (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.

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

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