

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			
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 - Senior Administrative Assistant / Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 06 / 09 Description of Event: LA Philharmonic at the Hollywood Bowl.
 _____ / _____ / _____ Face Value of Ticket: \$ 26.00

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)

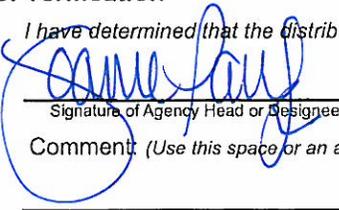
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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 of Bell Parks and Recreation Department Number of Tickets: 30
 Description of Organization: Provides recreation programs to the community.
 Address of Organization: 6250 Pine Avenue 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) Supporting community programs 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 10/07/09
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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AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(213) 974-4111	Molina@lacbos.org		
Agency Contact (name and title) Joanie Paul - Senior Administrative Assistant / Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 11 / 09 Description of Event: LA Philharmonic at Hollywood Bowl

 _____ Face Value of Ticket: \$ 20.00

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: Bienestar Number of Tickets: 30

Description of Organization: Community health organization.

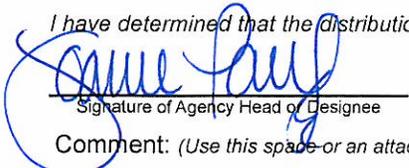
Address of Organization: 5326 East Beverly Boulevard Los Angeles CA 90022
Number and Street City State Zip Code

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

5.3-i) Supporting community programs 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

10/07/09
 (month, day, year)

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Agency Contact (name and title) Joanie Paul - Senior Administrative Assistant / Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 11 / 09 Description of Event: LA Philharmonic at Hollywood Bowl
 _____ / _____ / _____ Face Value of Ticket: \$ 26.00

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: Bostwick - More Advocates for Safe Homes Number of Tickets: 30

Description of Organization: Community organization.

Address of Organization: 3700 Bostwick St . 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) Supporting community programs 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 / 13 / 09 Description of Event: LA Philharmonic at the Hollywood Bowl.

Face Value of Ticket: \$ 20.00

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: Commerce Senior Citizens Center Number of Tickets: 20

Description of Organization: Community organization offering a variety of programs to seniors.

Address of Organization: 2555 Commerce Way City of Commerce CA 90040

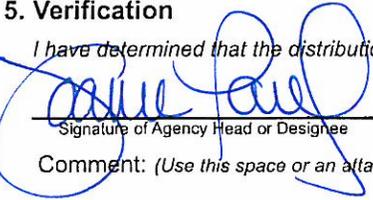
Number and Street City State Zip Code

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

5.3-i) Supporting community programs that benefit County residents.

5. Verification

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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 / 13 / 09 Description of Event: LA Philharmonic at the Hollywood Bowl.

Face Value of Ticket: \$ 26.00

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: Commerce Senior Citizens Center Number of Tickets: 20

Description of Organization: Community organization offering a variety of programs to seniors.

Address of Organization: 2555 Commerce Way City of Commerce CA 90040

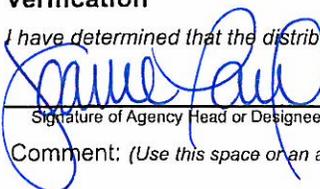
Number and Street City State Zip Code

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

5.3-i) Supporting community programs that benefit County residents.

5. Verification

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

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Agency Contact (name and title) Joanie Paul - Senior Administrative Assistant / Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 13 / 09 Description of Event: LA Philharmonic at the Hollywood Bowl.
 _____ / _____ / _____ Face Value of Ticket: \$ 20.00

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: Center Middle School Number of Tickets: 30

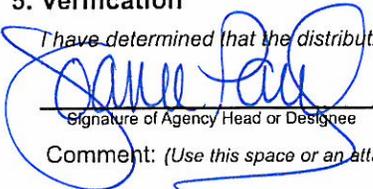
Description of Organization: Middle school located in the First District.

Address of Organization: 5500 North Cerritos Avenue Azusa CA 91702
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3-h) Promoting public and private facilities for County resident use.

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 10/07/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Joanie Paul - Senior Administrative Assistant / Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 18 / 09 Description of Event: LA Philharmonic at Hollywood Bowl
 _____ Face Value of Ticket: \$ 26.00

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: Barrio Planners Number of Tickets: 10

Description of Organization: Urban planning and design.

Address of Organization: 5271 East Beverly Boulevard Los Angeles CA 90022
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3h) Promoting public and private facilities available for County resident use.

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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Agency Contact (name and title) Joanie Paul - Senior Administrative Assistant / Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 27 / 09 Description of Event: LA Philharmonic at the Hollywood Bowl.
 _____ / _____ / _____ Face Value of Ticket: \$ 28.00

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: Children's Bureau Number of Tickets: 20

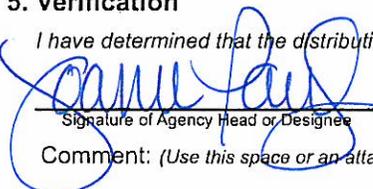
Description of Organization: Community organization.

Address of Organization: 14600 Ramona Boulevard Baldwin Park CA 91706
Number and Street City State Zip Code

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

5. Verification

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 Joanie Paul Ticket Administrator 10/07/09
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