

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (if applicable) First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul - Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 Molina@lacbos.org	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		Date of Original Filing: _____ <small>(month, day, year)</small>

2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl
 Description: Concert
 Face Value of Each Admission \$: 29.00
 Date(s): 09 / 15 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Philharmonic
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Eddie White	30	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
West Lake MASH		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
421 Union Drive, Suite 112		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Los Angeles, CA 90017		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Joanie Paul	Ticket Administrator	04/18/12
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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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 08 / 25 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Philharmonic
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

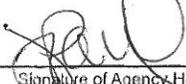
Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Loretta Chase	20	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Workman Mill Association		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
824 South 3rd Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
La Puente, CA 91746		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee	<u>Joanie Paul</u> Print Name	<u>Ticket Administrator</u> Title	<u>04/18/12</u> (month, day, year)
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2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl
 Description: Concert
 Face Value of Each Admission \$: 29.00
 Date(s): 08 / 23 / 12
 Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Philharmonic
Name of Source

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Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Olivia Perea	30	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Valleydale Park		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
5525 North Lake Ellen Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Azusa, CA 91702		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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 Signature of Agency Head or Designee

 Joanie Paul
 Print Name

 Ticket Administrator
 Title

 04/18/12
 (month, day, year)

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Division, Department, or Region (if applicable)			
First District			
Street Address		500 West Temple Street, Suite 856, Los Angeles, CA 90012	
Designated Agency Contact (Name, Title)		Joanie Paul - Ticket Administrator	
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl

Description: Concert

Face Value of Each Admission \$ 29.00

Date(s) 09 / 08 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Philharmonic
Name of Source

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Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Grace Gonzalez	20	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
VELA		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
4743 East Cesar E. Chavez Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Los Angeles, CA 90022		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Joanie Paul	Ticket Administrator	04/18/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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First District			
Street Address			
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Designated Agency Contact (Name, Title)			
Joanie Paul - Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: <input type="text"/> <small>(month, day, year)</small>	
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Alma Martinez	15	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
Volunteers of America Los Angeles		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
240 North Bread Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
Los Angeles, CA 90033		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>

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	<input type="text" value="Joanie Paul"/> <small>Print Name</small>	<input type="text" value="Ticket Administrator"/> <small>Title</small>	<input type="text" value="04/18/12"/> <small>(month, day, year)</small>
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2. Function, Event, or Ceremonial Role Information

Title: LA Philharmonic Performance at Hollywood Bowl
 Description: Concert
 Face Value of Each Admission \$: 29.00
 Date(s): 08 / 24 / 12
 Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Philharmonic
Name of Source

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Yes No If yes: Supervisor Gloria Molina
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Alma Martinez	15	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Volunteers of America Los Angeles		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
240 North Bread Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90033		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
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 Print Name

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 (month, day, year)

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Description: Concert Date(s) 09 / 13 / 12

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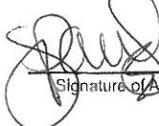
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Nadine Diaz	30	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
USC Memory & Aging		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
1510 San Pablo Street, Suite 600		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Los Angeles, CA 90033		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Norma Gonzalez	56	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
YWCA of Greater LA		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4315 Union Pacific		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Los Angeles, CA 90023		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Support community organizations		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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