

**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@lacos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
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 / 20 / 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: _____
 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)

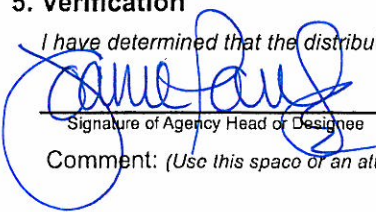
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Sierra Vista Middle School Number of Tickets: 30
 Description of Organization: Middle school located in the First District.
 Address of Organization: 15801 South Sierra Vista Court La Puente CA 91744
 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.

	Joanie Paul	Ticket Administrator	02/23/10
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 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 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: _____

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: Saturday Night Bath Concert Number of Tickets: 20

Description of Organization: Organization that provides hands-on music therapy to youths.

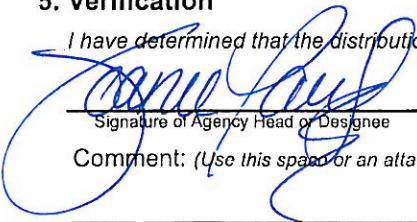
Address of Organization: 1804-A Carnegie Lane Redondo Beach CA 90278
 Number and Street City State Zip Code

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

5.3i) 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:  Print Name: Joanie Paul Title: Ticket Administrator Date: 02/23/10
 (month, day, year)

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

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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: \$ 28.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: _____

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 Number of Tickets: 9

Description of Organization: Organization that provides hands-on music therapy to youths.

Address of Organization: 1804-A Carnegie Lane Redondo Beach CA 90278
 Number and Street City State Zip Code

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

5.3i) 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 Joanie Paul Ticket Administrator 02/23/10
 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 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 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: San Jose Elementary School Number of Tickets: 10

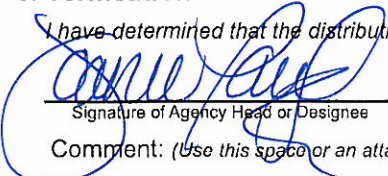
Description of Organization: Elementary school located in the First District.

Address of Organization: 2015 Cadillac Drive Pomona CA 91767
 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.

 Signature of Agency Head or Designee	Joanie Paul Print Name	Ticket Administrator Title	02/23/10 (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 / 06 / 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)

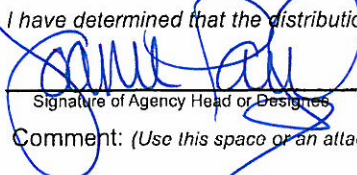
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: San Jose Elementary School Number of Tickets: 10
 Description of Organization: Elementary school located in the First District.
 Address of Organization: 2015 Cadillac Drive Pomona CA 91767
 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.


 Signature of Agency Head or Designee: _____ Print Name: Joanie Paul Ticket Administrator: _____ Title: 02/23/10
 (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 - Senior Administrative Assistant / Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 30 / 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: San Jose Elementary School Number of Tickets: 10

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

Address of Organization: 2015 Cadillac Drive Pomona CA 91767
 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.

Joanie Paul Ticket Administrator 02/23/10
 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 / 20 / 09 Description of Event: LA Philharmonic at 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: 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: Rio Hondo Community College Number of Tickets: 5

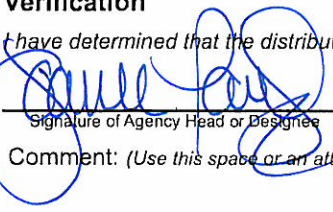
Description of Organization: Community college located in the First District.

Address of Organization: 3600 Workman Mill Road Whittier CA 90601
 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.

Signature of Agency Head or Designee:  Print Name: Joanie Paul Title: Ticket Administrator Date: 02/23/10
 _____ _____ _____ (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 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: 10 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

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

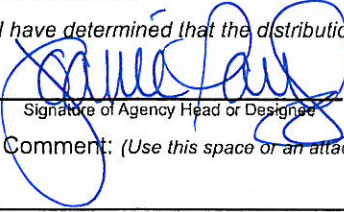
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Rio Hondo Community College Number of Tickets: 10
 Description of Organization: Community college located in the First District.
 Address of Organization: 3600 Workman Mill Road Whittier CA 90601
 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.



 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 / 04 / 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: Rio Hondo Community College Number of Tickets: 10

Description of Organization: Community college located in the First District.


Address of Organization: 3600 Workman Mill Road Whittier CA 90601
 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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 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 / 04 / 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: San Gabriel Valley Habitat for Humanity Number of Tickets: 30

Description of Organization: Organization building affordable homes for low-income families.

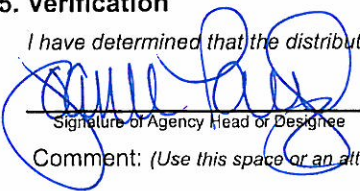
Address of Organization: 400 South Irwindale Avenue Azusa CA 91702
 Number and Street City State Zip Code

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

5.3i) Supporting community 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:  Print Name: Joanie Paul Title: Ticket Administrator Date: 02/23/10
 _____ _____ _____ (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: 08/20/09 Description of Event: LA Philharmonic at 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: 30 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

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

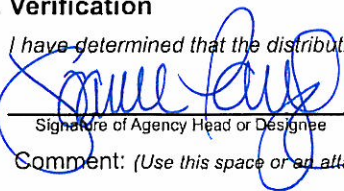
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Regional Chamber of Commerce - SGV Number of Tickets: 30
 Description of Organization: Community organization.
 Address of Organization: 21845 East Copley Drive, Suite 1170 Diamond Bar CA 91765
 Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3i) 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 Ticket Administrator 02/23/10
 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 - Senior Administrative Assistant / Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

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: \$ 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: 7 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: Prototypes Number of Tickets: 7

Description of Organization: Organization assisting women and children.

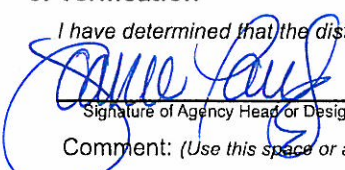
Address of Organization: 845 East Arrow Highway Pomona CA 91767
 Number and Street City State Zip Code

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

5.3i) 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 Ticket Administrator 02/23/10
 _____ 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 - Senior Administrative Assistant / Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 27 / 09 Description of Event: LA Philharmonic at 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: 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: Prototypes Number of Tickets: 5


Description of Organization: Organization assisting women and children.

Address of Organization: 845 East Arrow Highway Pomona CA 91767
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
 5.3i) 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	02/23/10
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.)

**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.) 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 / 13 / 09 Description of Event: LA Philharmonic at 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: 5 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

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

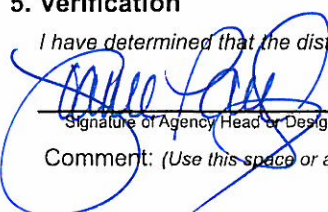
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Prototypes Number of Tickets: 5
 Description of Organization: Organization assisting women and children.
 Address of Organization: 845 East Arrow Highway Pomona CA 91767
 Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
 5.3i) 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	02/23/10
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 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 / 06 / 09 Description of Event: LA Philharmonic at 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: 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: Prototypes Number of Tickets: 5

Description of Organization: Organization assisting women and children.


Address of Organization: 845 East Arrow Highway Pomona CA 91767
 Number and Street City State Zip Code

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

5.3i) Supporting community programs that benefit County residents.

5. Verification

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 Joanie Paul Ticket Administrator 02/23/10
 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 Los Angeles County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors - First District			
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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
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: 07/30/09 Description of Event: LA Philharmonic at 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: 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

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Joanie Paul Joanie Paul Ticket Administrator 02/23/10
 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.)