

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 10 / 10 Description of Event: LA Philharmonic at Hollywood Bowl
 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 Chamber of Commerce Number of Tickets: 30

Description of Organization: Chamber of Commerce

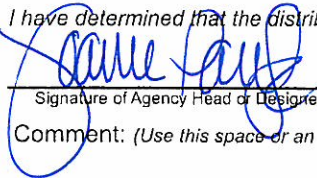
Address of Organization: 1270 Avenue 50 Los Angeles CA 90042
 Number and Street City State Zip Code

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

5.3i) 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 Ticket Administrator 02/23/11
 (month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 10 / 10 Description of Event: LA Philharmonic at Hollywood Bowl
 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: 72 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: Rivera Middle School Number of Tickets: 72

Description of Organization: Youth Programs.

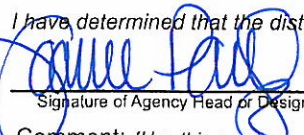
Address of Organization: 7200 Citronell Avenue Pico Rivera CA 90660
 Number and Street City State Zip Code

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

5.3i) 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
 02/23/11
 (month, day, year)

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

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 Face Value of Ticket: \$ 31.00

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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: Alma Family Services Number of Tickets: 30

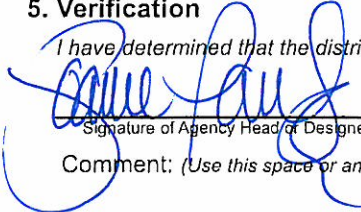
Description of Organization: Organization assisting the developmentally disabled.

Address of Organization: 4701 East Cesar Chavez Avenue Los Angeles CA 90022
Number and Street City State Zip Code

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

5. Verification

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Signature of Agency Head or Designee:  Joanie Paul Ticket Administrator 02/23/11
Signature Print Name Title (month, day, year)

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