

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> Los Angeles County		Date Stamp	<b>California Form 802</b> 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.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 08 / 19 / 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: Inside Out Community Arts, Inc. Number of Tickets: 30

Description of Organization: Community organization.

Address of Organization: 2210 Lincoln Boulevard Venice CA 90291

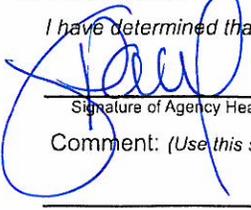
Number and Street City State Zip Code

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.

 Joanie Paul Ticket Administrator 02/28/11

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 - Ticket Administrator			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 08 / 19 / 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)

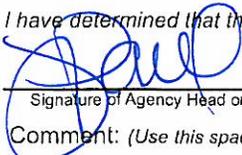
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**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: Project Amiga Number of Tickets: 30  
 Description of Organization: Organization providing youth/adult computer training.  
 Address of Organization: 2001 Tyler Avenue, Suite 203 South El Monte CA 91733  
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.

 Joanie Paul Ticket Administrator 02/28/11  
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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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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: Search to Involve Pilipino Americans Number of Tickets: 30

Description of Organization: Organization providing health and human services.

Address of Organization: 3200 West Temple Street Los Angeles CA 90028  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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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 / 19 / 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: 59 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: YWCA Number of Tickets: 59  
 Description of Organization: Organization providing community services.  
 Address of Organization: 4315 Union Pacific Avenue Los Angeles CA 90023  
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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	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>02/28/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		<input type="checkbox"/> 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 / 19 / 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: 70      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: Braille Institute      Number of Tickets: 70

Description of Organization: Organization providing services to the disabled.

Address of Organization: 741 North Vermont Avenue      Los Angeles      CA      90029  
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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      Joanie Paul      Ticket Administrator      02/28/11  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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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 / 24 / 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: 50 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: Asian Youth Center Number of Tickets: 50  
 Description of Organization: After school programs  
 Address of Organization: 232 West Clary Avenue San Gabriel CA 91776  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
5.3i) Supporting community organizations that benefit County residents.

**5. Verification**

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	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/01/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: Institute of Art, Music and Science Number of Tickets: 30

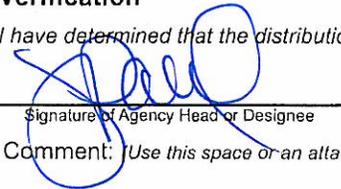
Description of Organization: Music education.

Address of Organization: 16415 Clark Avenue Bellflower CA 90706  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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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: LA Commons Number of Tickets: 20  
 Description of Organization: Community art programs.  
 Address of Organization: 4343 Leimert Boulevard Los Angeles CA 90008  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
5.3i) Supporting community organizations that benefit County residents.

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	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/01/11</u>
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Agency Event  Yes  No (Identify source of tickets below.)  
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Number of Tickets Received: 30 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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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: One National Gay and Lesbian Archives Number of Tickets: 30

Description of Organization: Research library

Address of Organization: 909 West Adams Boulevard Los Angeles CA 90007  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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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: Pacesetters Number of Tickets: 30

Description of Organization: Fitness program for seniors.

Address of Organization: 542 Casuda Canyon Drive Monterey Park CA 91754  
Number and Street City State Zip Code

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

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