

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.)	
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: St. Barnabas Senior Services Number of Tickets: 30

Description of Organization: Organization assisting seniors.

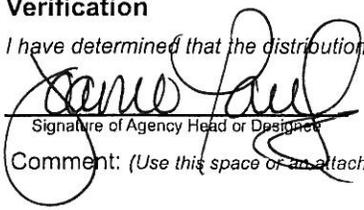
Address of Organization: 675 South Carondelet Street Los Angeles CA 90057
Number and Street City State Zip Code

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			

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: 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: South Gate High School Number of Tickets: 30

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

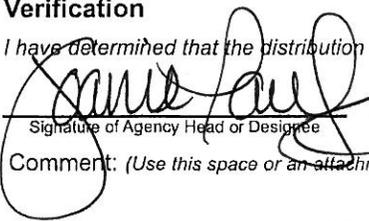
Address of Organization: 3351 Firestone Boulevard South Gate CA 90280
Number and Street City State Zip Code

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
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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: 30 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

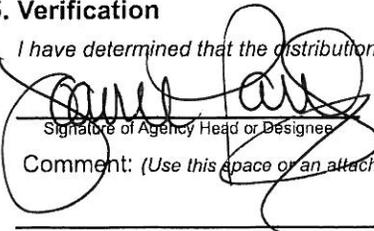
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: The Wall Las Memorias Number of Tickets: 30
 Description of Organization: Organization assisting people with HIV/AIDS.
 Address of Organization: 111 North Avenue 56 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) 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)
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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: 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: The Story Project Number of Tickets: 30

Description of Organization: Literacy program for kids.

Address of Organization: 8559 Higuera Street Culver City CA 90232
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

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 Joanie Paul Ticket Administrator 02/23/10
Signature of Agency Head or Designee Print Name Title (month, day, year)

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