

**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 / 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: 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: KAOS Network - Kidz at 43rd Place Number of Tickets: 20

Description of Organization: Training youth in arts and media.

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.

**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 03/01/11  
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		Date of Original Filing: _____ (month, day, year)	

**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: 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: Ramona Community Center Number of Tickets: 20

Description of Organization: Community arts programs for youth.

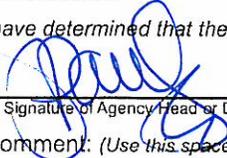
Address of Organization: 4580 North Figueroa Street Los Angeles CA 90065  
Number and Street City State Zip Code

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

5.3i) Supporting community organizations that benefit County residents.

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

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

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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 / 26 / 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: American Legion Number of Tickets: 30

Description of Organization: Veterans organization.

Address of Organization: 9829 Whitmore Street Los Angeles CA 91733  
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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 Joanie Paul Ticket Administrator 03/01/11  
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 / 10 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.  
09 / 07 / 10 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: 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: Los Angeles County Parks and Recreation Number of Tickets: 10  
 Description of Organization: Community programs.  
 Address of Organization: 433 South Vermont Avenue Los Angeles CA 90020  
Number and Street City State Zip Code

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

5.3 i) 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 03/04/11  
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 / 10 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.  
09 / 07 / 10 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: 4 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.)

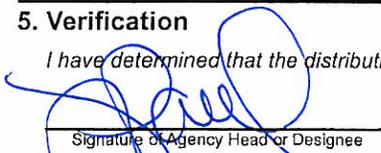
Name of Behesting Agency Official: Supervisor Gloria Molina  
 Name of Individual or Organization: North Whittier Neighborhood Watch Number of Tickets: 4  
 Description of Organization: Neighborhood Watch program.  
 Address of Organization: 1240 Hansford Avenue Whittier CA 90601  
Number and Street City State Zip Code

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

5.3 i) Support community organizations that benefit County residents.

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 Joanie Paul Ticket Administrator 03/04/11  
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 / 10 / 10      Description of Event: LA Philharmonic Performances at Disney Hall.

09 / 07 / 10      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: 8      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: Los Nietos MASH      Number of Tickets: 8

Description of Organization: Neighborhood organization.

Address of Organization: 11640 East Slauson      Whittier      CA      90606

Number and Street      City      State      Zip Code

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

5.3 i) Support community organizations that benefit County residents.

**5. Verification**

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	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/04/11</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			

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

Date(s) of Event: 08 / 10 / 10 Description of Event: LA Philharmonic Performances at Disney Hall.  
09 / 07 / 10 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: 2 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: Bell Gardens Parent Council Number of Tickets: 2  
 Description of Organization: Parent organization.  
 Address of Organization: 6119 Agra Street Bell Gardens CA 90201  
Number and Street City State Zip Code

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

5.3 i) 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.*

	<u>Joanie Paul</u>	<u>Ticket Administrator</u>	<u>03/07/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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