

**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: 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: 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: Virgil Middle School Number of Tickets: 30

Description of Organization: Middle school located in the First District

Address of Organization: 152 Vermont Avenue Los Angeles CA 90004  
 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 Joanie Paul Ticket Administrator 02/24/10  
 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 - 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: 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: USC - Alzheimer's Disease Research      Number of Tickets: 30

Description of Organization: Research center that provides diagnostic and treatment services.

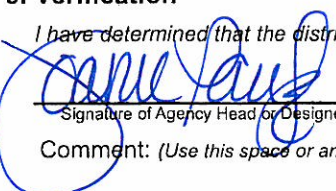
Address of Organization: 1510 San Pablo Street, HCT 3000      Los Angeles      CA      90033  
 Number and Street      City      State      Zip Code

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

5.3i) Support community services 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: 02/24/10  
 (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 - 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 / 11 / 09      Description of Event: LA Philharmonic at Hollywood Bowl  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Face Value of Ticket: \$ 30.00

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: Unification of Disabled Latino Americans      Number of Tickets: 10

Description of Organization: Community organization.


Address of Organization: 3727 West 6th Street, Suite 511      Los Angeles      CA      90020  
 Number and Street      City      State      Zip Code

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

5.3i) 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      02/24/10  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      (month, day, year)

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<b>Agency Contact (name and title)</b> Joanie Paul - Ticket Administrator		<b>Date of Original Filing:</b> _____ (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: Unification of Disabled Latin Americans      Number of Tickets: 10  
 Description of Organization: Community organization.  
 Address of Organization: 3727 West 6th Street, Suite 511      Los Angeles      CA      90020  
    Number and Street      City      State      Zip Code

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

5.3i) 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      02/24/10  
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 Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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<b>Agency Contact (name and title)</b> Joanie Paul - Ticket Administrator		<b>Date of Original Filing:</b> _____ (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: LA Philharmonic

Number of Tickets Received: 18      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: Tri-City Mental Health      Number of Tickets: 18

Description of Organization: Health organization.

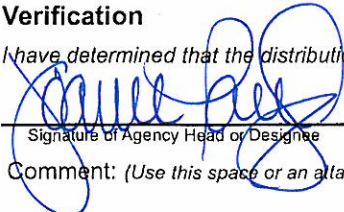
Address of Organization: 2008 North Garey Avenue      Pomona      CA      91767  
 Number and Street      City      State      Zip Code

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

5.3i) Support community services 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: 02/24/10  
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Agency Contact (name and title) Joanie Paul - Ticket Administrator			

## 2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 01 / 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)

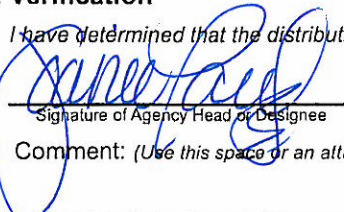
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## 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina  
 Name of Individual or Organization: Unification of Disabled Latino Americans      Number of Tickets: 10  
 Description of Organization: Community organization.  
 Address of Organization: 3727 West 6th Street, Suite 511      Los Angeles      CA      90020  
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 Number and Street      City      State      Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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