Print Form

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name
Los Angeles County

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

Agency Contact *(name and title)*
Joanie Paul - Senior Administrative Assistant / Ticket Administrator

Date Stamp

California Form 802
For Official Use Only

☐ **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 / 27 / 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: 15 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: Ranch Hills Elementary Number of Tickets: 15

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

Address of Organization: 2 Trabuco Place (Number and Street) Pomona (City) CA (State) 91766 (Zip Code)

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

5.3h) Promoting pubic 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.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Joanie Paul	Ticket Administrator	02/22/10

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

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☐ **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 /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: Parents Anonymous Number of Tickets: 30

Description of Organization: Child abuse prevention organization.

Address of Organization: 675 West Foothill Blvd., No. 220 (Number and Street) Claremont (City) CA (State) 91711 (Zip Code)

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

5.3i) Support community programs 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 (Signature of Agency Head or Designee) | Joanie Paul (Print Name) | Ticket Administrator (Title) | 02/22/10 *(month, day, year)*

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

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Joanie Paul - Senior Administrative Assistant / Ticket Administrator

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☐ **Amendment** *(Must explain in Part 5.)*

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: Project Amiga Number of Tickets: 30

Description of Organization: Organization assisting youths and their families.

Address of Organization: 2001 Tyler Avenue (Number and Street) South El Monte (City) CA (State) 91733 (Zip Code)

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

5.3i) Support community programs 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] Joanie Paul Ticket Administrator 02/22/10

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

☐ **Amendment** *(Must explain in Part 5.)*

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: Proyecto Pastoral

Number of Tickets: 30

Description of Organization: Organization assisting the community of Boyle Heights.

Address of Organization: 135 North Mission Road (Number and Street) Los Angeles (City) CA (State) 90033 (Zip Code)

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

5.3i) Support community programs 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)	02/22/10 *(month, day, year)*

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Agency Contact *(name and title)*
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☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

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: $ $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: 40 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: RAC Eastside Gold Line Number of Tickets: 40

Description of Organization: Community based organization.

Address of Organization: 3409 Michigan Avenue (Number and Street) Los Angeles (City) CA (State) 90063 (Zip Code)

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

5.3i) Support community programs 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 (Signature of Agency Head or Designee) | Joanie Paul (Print Name) | Ticket Administrator (Title) | 02/22/10 *(month, day, year)*

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☐ **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 / 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: 15 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: Ranch Hills Elementary Number of Tickets: 15

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

Address of Organization: 2 Trabuco Place (Number and Street) Pomona (City) CA (State) 91766 (Zip Code)

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

5.3h) Promoting pubic 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.

Signature of Agency Head or Designee	Joanie Paul (Print Name)	Ticket Administrator (Title)	02/22/10 *(month, day, year)*

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