

Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (if applicable)			
First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (month, day, year)	
Joanie Paul			
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title	LA Philharmonic Performance at Hollywood Bowl	Face Value of Each Admission \$	29.00
Description	Concert	Date(s)	08 / 24 / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: LA Philharmonic
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☒ No ☐ If yes: Supervisor Gloria Molina
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Solomon Katz	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	 Income <input type="checkbox"/>
Stevenson Middle School		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
725 South Indiana Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
Los Angeles, CA 90025		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
Achievements by County students		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Joanie Paul	Ticket Administrator	04/18/12
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.)

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (if applicable) First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number 213-974-4111 E-mail Molina@lacos.org		Date Stamp <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px;"></div>	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> (month, day, year)			

2. Function, Event, or Ceremonial Role Information

Title	LA Philharmonic Performance at Hollywood Bowl	Face Value of Each Admission \$	29.00
Description	Concert	Date(s)	08 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: LA Philharmonic
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☒ No ☐ If yes: Supervisor Gloria Molina
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Dante D'Eramo	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>
Greater Hunt. Park Chamber of Comm.		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
6330 Pacific Boulevard		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Huntington Park, CA 90055		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Joanie Paul	Ticket Administrator	04/18/12
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.)

Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (<i>if applicable</i>) First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (<i>Name, Title</i>) Joanie Paul Area Code/Phone Number 213-974-4111		Date Stamp	California Form 802 For Official Use Only
E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (<i>Must provide explanation in Part 3.</i>) Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <i>(month, day, year)</i>		

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl

Face Value of Each Admission \$ 29.00

Description Concert

Date(s) 08 / 30 / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: LA Philharmonic
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☒ No ☐ If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Cynthia Campoy-Brophy	15	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>
The Heart Project		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
1140 North Citrus Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Los Angeles, CA 90038		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Joanie Paul	Ticket Administrator	04/18/12
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.)

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (if applicable) First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number E-mail 213-974-4111 Molina@lacbos.org		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <small>(month, day, year)</small>
--	--	---

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 08 / 30 / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: LA Philharmonic
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☒ No ☐ If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Maria Elena Hernandez	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	 Income <input type="checkbox"/>
Teresitas		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
3876 East Forest Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
Los Angeles, CA 90033		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
Promoting County venues for resident		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee	Joanie Paul Print Name	Ticket Administrator Title	04/18/12 <small>(month, day, year)</small>
--	---	---	---

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

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name Los Angeles County Board of Supervisors Division, Department, or Region (if applicable) First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Joanie Paul Area Code/Phone Number E-mail 213-974-4111 Molina@lacbos.org		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <small>(month, day, year)</small>
--	--	--

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Performance at Hollywood Bowl Face Value of Each Admission \$ 29.00

Description Concert Date(s) 09 / 06 / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: LA Philharmonic
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☒ No ☐ If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Ruben Hernandez	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	 Income <input type="checkbox"/>
United Disabled of Los Angeles		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
3727 West 6th Street, Suite 511		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
Los Angeles, CA 90020		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>	 Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee	Joanie Paul Print Name	Ticket Administrator Title	04/18/12 <small>(month, day, year)</small>
--	---	---	---

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

Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County Board of Supervisors			
Division, Department, or Region (if applicable)			
First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul		Date of Original Filing: (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title	LA Philharmonic Performance at Hollywood Bowl	Face Value of Each Admission \$	29.00
Description	Concert	Date(s)	09 / 06 / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: LA Philharmonic
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☒ No ☐ If yes: Supervisor Gloria Molina
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Rosalio Vidaurri	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
United Seniors of Lincoln Park		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
1937 Sical Street		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Los Angeles, CA 90031		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support community programs.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Joanie Paul	Ticket Administrator	04/18/12
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.)