

**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 - Ticket Administrator Area Code/Phone Number: 213-974-4111 E-mail: Molina@lacbos.org		Date Stamp California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

2. Function, Event, or Ceremonial Role Information

Title: Los Angeles Philharmonic Performance at Disney Hall Face Value of Each Admission \$: See Att. A

Description: Concert Date(s): 03/03/12 03/06/12

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?

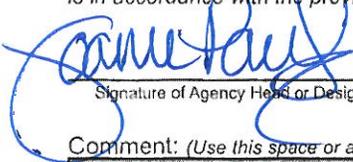
Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
LA County Dept. of Children & Family	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
LA County Foster Youth-See Attach. A		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4024 North Durfee Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
El Monte, California 91732		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		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.

Signature of Agency Head or Designee:  Print Name: Joanie Paul Title: Ticket Administrator Date: 4/20/12
(month, day, year)

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

**LOS ANGELES PHILHARMONIC
PERFORMANCES AT DISNEY HALL
FOR MARCH 2012**

ATTACHMENT A

DATE OF EVENT	NAME	# OF TICKETS	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
03/03/12	LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parent / Caregiver	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
03/06/12	LA County Foster Youth	1	\$165.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parent / Caregiver	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
03/06/12	LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parent / Caregiver	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.

TOTAL OF TICKETS 6

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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) Joanie Paul - Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: <input type="text"/> (month, day, year)
Area Code/Phone Number 213-974-4111	E-mail Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title Face Value of Each Admission \$

Description Date(s) / /

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

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

Yes No If yes:
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	Income
LA County Dept. of Children & Family	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>
LA County Foster Youth - See Attach A		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
4024 North Durfee Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
El Monte, California 91732		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		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.


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.)

**LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL
December 2011**

DATE OF EVENT	NAME	# OF TICKETS	AMOUNT	ADDRESS	PURPOSE OF DISTRIBUTION
12/20/11	LA County Foster Youth Foster Parents / Caregivers	1	\$165.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
TOTAL TICKETS		2			