

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

| | | | |
|--|-----------------------------|---|---|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Agency Contact (name and title) Joanie Paul - Ticket Administrator | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 17 / 10 Description of Event: Dodger Game

04 / 30 / 10 Face Value of Ticket: \$ 50.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

Number of Tickets Received: 6 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: Various Foster Youth - See Attachment A Number of Tickets: 6

Description of Organization: Los Angeles County Department of Children and Family Services

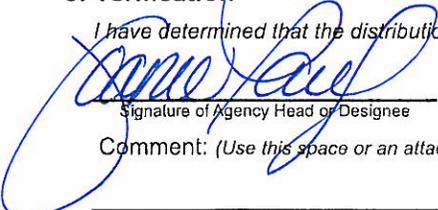
Address of Organization: 4024 North Durfee Avenue, Room 210-6 El Monte CA 91732

Number and Street City State Zip Code

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

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 06/29/10

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.)

LOS ANGELES DODGER TICKETS
FOR APRIL 2010

ATTACHMENT A

| | | | | |
|----------|---|---|--------------|---|
| 04/17/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 04/18/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 04/30/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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 OF TICKETS 6

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| 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.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Agency Contact (name and title) Joanie Paul - Ticket Administrator | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 13 / 10 Description of Event: Dodger Game

Face Value of Ticket: \$ 50.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

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 |
|--------------------------------|-------------------|--|
| Amy Luftig Viste | 2 | Retaining Qualified County Employees |
| | | |
| | | |

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

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

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

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

06/29/10 _____
(month, day, year)

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

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| 1. Agency Name Los Angeles County | | Date Stamp | California Form 802 For Official Use Only |
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| 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: 02 / 14 / 10 Description of Event: Renoir In The 20th Century Exhibit
05 / 09 / 10 Face Value of Ticket: \$ 17.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Museum of Art

Number of Tickets Received: 26 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 Foster Youth - See Att. A Number of Tickets: 26

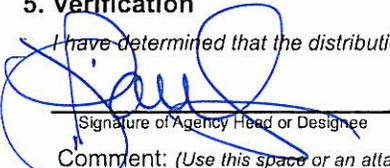
Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue El Monte CA 91732
Number and Street City State Zip Code

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

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>07/07/10</u> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

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

**LACMA – RENOIR IN THE 20TH CENTURY EXHIBIT
TICKETS VALID: FEBRUARY 14 – MAY 9, 2010**

| DATE OF EVENT | NAME | # OF TICKETS | FACE VALUE OF EACH TICKET | ADDRESS | PURPOSE OF DISTRIBUTION |
|---------------------------------|---|---------------------|----------------------------------|------------------------------|---|
| Valid 02/14/10 – 05/09/10 | LA County Foster Youth Foster Parent / Caregiver | 1 3 | \$17.00 | Confidential 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. |
| Valid 02/14/10 – 05/09/10 | LA County Foster Youth Foster Parent / Caregiver | 1 3 | \$17.00 | Confidential 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. |
| Valid 02/14/10 – 05/09/10 | LA County Foster Youth Foster Parent / Caregiver | 1 1 | \$17.00 | Confidential 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. |
| Valid 02/14/10 – 05/09/10 | LA County Foster Youth Foster Parent / Caregiver | 2 4 | \$17.00 | Confidential 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. |
| Valid 02/14/10 – 05/09/10 | LA County Foster Youth Foster Parent / Caregiver | 5 1 | \$17.00 | Confidential 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. |
| Valid 02/14/10 – 05/09/10 | LA County Foster Youth Foster Parent / Caregiver | 2 2 | \$17.00 | Confidential 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 | | 26 | | | |

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| Area Code/Phone Number (213) 974-4111 | E-mail Molina@lacbos.org | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Agency Contact (name and title) Joanie Paul - Ticket Administrator | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02/28/10 Description of Event: American Stories: Paintings of Everyday Life Exhibit
05/23/10 Face Value of Ticket: \$ 17.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Museum of Art

Number of Tickets Received: 26 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 Foster Youth - See Att. A Number of Tickets: 26

Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue El Monte CA 91732
Number and Street City State Zip Code

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

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 07/07/10
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.)

**LACMA – AMERICAN STORIES: PAINTINGS OF EVERYDAY LIFE, 1765-1915 EXHIBIT
TICKETS VALID: FEBRUARY 28 – MAY 23, 2010**

| DATE OF EVENT | NAME | # OF TICKETS | FACE VALUE OF EACH TICKET | ADDRESS | PURPOSE OF DISTRIBUTION |
|---------------------------------|---|---------------------|----------------------------------|----------------|---|
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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. |
| Valid 02/28/10 – 05/23/10 | LA County Foster Youth Foster Parent / Caregiver | 2 | \$17.00 | 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 | | 26 | | | |

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| Area Code/Phone Number (213) 974-4111 | E-mail Molina@lacbos.org | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Agency Contact (name and title) Joanie Paul - Ticket Administrator | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 04 / 10 Description of Event: Dodger Game
06 / 12 / 10 Face Value of Ticket: \$ 60.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers
 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)

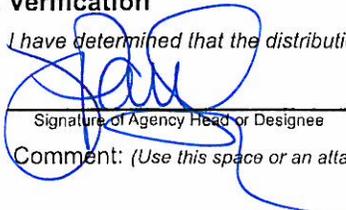
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
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| | | |
| | | |
| | | |

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: Los Angeles County Foster Youth - See Att. A Number of Tickets: 26
 Description of Organization: Los Angeles County Department of Children and Family Services
 Address of Organization: 4024 North Durfee Avenue El Monte CA 91732
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
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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 07/07/10
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.)

LOS ANGELES DODGER TICKETS
FOR JUNE 2010

ATTACHMENT A

| | | | | |
|----------|---|---|--------------|---|
| 06/04/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/05/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/06/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/11/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/12/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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 OF TICKETS 10

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| Area Code/Phone Number (213) 974-4111 | E-mail Molina@lacbos.org | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Agency Contact (name and title) Joanie Paul - Ticket Administrator | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 04 / 10 Description of Event: Dodger Game

06 / 12 / 10 Face Value of Ticket: \$ 60.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

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 Foster Youth - See Att. A Number of Tickets: 10

Description of Organization: Los Angeles County Department of Children and Family Services

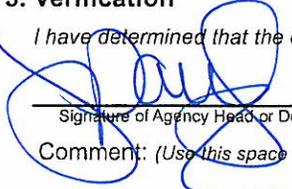
Address of Organization: 4024 North Durfee Avenue El Monte CA 91732

Number and Street City State Zip Code

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

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 07/07/10

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.)

LOS ANGELES DODGER TICKETS
FOR JUNE 2010

ATTACHMENT A

| | | | | |
|----------|---|---|--------------|---|
| 06/04/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/05/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/06/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/11/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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. |
| 06/12/10 | LA County Foster Youth Foster Parent / Caregiver | 1 | 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 OF TICKETS 10