

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
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 - Ticket Administrator		Date of Original Filing: <input type="text"/>	
Area Code/Phone Number	E-mail	<small>(month, day, year)</small>	
213-974-4111	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	<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
LA County Dept. of Children & Family	29	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
LA County Foster Youth - See Att. 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.)

