Tickets Provided by Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Board of Supervisors - First District

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 04/17/10
   Description of Event: Dodger Game
   Date(s) of Event: 04/30/10
   Face Value of Ticket: $50.00
   Agency Event: □ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Tickets 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
   City: El Monte  State: CA  Zip Code: 91732
   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 19944.1.

   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.)
# LOS ANGELES DODGER TICKETS
## FOR APRIL 2010

### ATTACHMENT A

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Quantity</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/17/10</td>
<td>LA County Foster Youth</td>
<td>1</td>
<td>Confidential</td>
</tr>
<tr>
<td></td>
<td>Foster Parent / Caregiver</td>
<td>1</td>
<td>Confidential</td>
</tr>
<tr>
<td>04/18/10</td>
<td>LA County Foster Youth</td>
<td>1</td>
<td>Confidential</td>
</tr>
<tr>
<td></td>
<td>Foster Parent / Caregiver</td>
<td>1</td>
<td>Confidential</td>
</tr>
<tr>
<td>04/30/10</td>
<td>LA County Foster Youth</td>
<td>1</td>
<td>Confidential</td>
</tr>
<tr>
<td></td>
<td>Foster Parent / Caregiver</td>
<td>1</td>
<td>Confidential</td>
</tr>
</tbody>
</table>

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
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 656, Los Angeles, CA 90012
Area Code/Phone Number
(213) 974-4111
E-mail
Molina@lacbos.org
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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Luftig Viste</td>
<td>2</td>
<td>Retaining Qualified County Employees</td>
</tr>
</tbody>
</table>

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: ______________________________________________________

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.

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.)