

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> 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.)	
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: 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

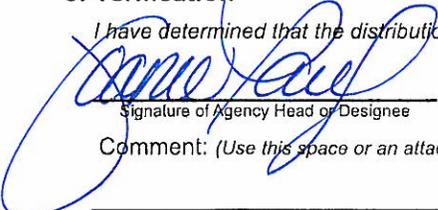
Address of Organization: 4024 North Durfee Avenue, Room 210-6 El Monte CA 91732

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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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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