Tickets Provided by
Agency Report

A Public Document

1. Agency Name
Los Angeles County
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
Agency Contact (name and title)
Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07/05/10 Description of Event: Dodgers Game
07/23/10 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: 16 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</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>
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<tbody>
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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: 16
Description of Organization:
Los Angeles County Department of Children and Family Services
Address of Organization:
4024 North Durfee Avenue
El Monte
CA
91732
City
Number and Street
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
10/13/10
(month, day, year)

Legislative or Agency Head or Designee
Print Name
Title
Comment: (Use this space for an attachment for any additional information including amendment explanation.)
<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Quantity</th>
<th>Confidential</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>07/05/10</td>
<td>LA County Foster Youth Foster Parent / Caregiver</td>
<td>1</td>
<td>Confidential</td>
<td>5.3 h) Promoting public and private facilities available for County resident use.</td>
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**TOTAL OF TICKETS** 16
1. Agency Name
Los Angeles County

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 E-mail
(213) 974-4111 Molina@lacbos.org

Agency Contact (Name and Title)
Joanie Paul - Ticket Administrator

2. Event for Which Tickets Were Distributed
Date(s) of Event: 07/06/10
Description of Event: Dodger Game
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: 2
Ticket(s) Provided to Agency: [X] Gratuitously
[] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (Use a continuation sheet for additional names)

<table>
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<th>Name of Official</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>
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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:
Kathy Campos

Number of Tickets: 2
Los Angeles County Secretarial Council

Description of Organization:

Address of Organization:
500 West Temple Street, Room 648
Los Angeles, CA 90012

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

5.3-I For use in connection with a County employee competition or drawing.

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 10/13/10

Signature of Agency Head or Designee

Print Name

Title

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
Los Angeles County
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
Agency Contact (name and title) Joanie Paul - Ticket Administrator

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/02/10 Description of Event: Dodger Game
08/31/10 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: 24 Ticket(s) Provided to Agency: X 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: 24
Description of Organization: Los Angeles County Department of Children and Family Services
Address of Organization: 4024 North Durfee Avenue El Monte CA 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.
Joanie Paul Ticket Administrator 10/13/10
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.)
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<td>LOS ANGELES DODGER TICKETS</td>
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   (213) 974-4111

   E-mail
   Molina@lacbos.org

   Agency Contact (name and title)
   Joanie Paul - Ticket Administrator

   □ Amendment (Must explain in Part 5.)

   Date of Original Filing: ____________ (month, day, year)

2. Event For Which Tickets Were Distributed

   Date(s) of Event: 09/03/10  Description of Event: Dodger Game
   09/19/10  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: 12  Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   (Table with columns for Name of Official, 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: 12

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

   Address of Organization:
   4024 North Durfee Avenue El Monte CA 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 18944.1.

   Signature of Agency Head or Designee: Joanie Paul

   Print Name: Ticket Administrator

   Title: 10/13/10

   (month, day, year)

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

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**TOTAL OF TICKETS** 12