Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICK	KETS PROVIDED
1. Agency Name Los Angeles County	4 0 40		Date Stamp	Califor Forr	
Division, Department, or Region (if applicable Board of Supervisors - First District	e)			For O	fficial Use Only
Street Address 500 West Temple Street, Suite 856, Lo	s Angeles, CA 900	)12			
Area Code/Phone Number E-mail (213) 974-4111 Molina@lad			Amendment (Must e	explain in Part 5.	)
Agency Contact (name and title)  Joanie Paul - Ticket Administrator			Date of Original Filling:	(month, day	v, year)
	Description of Ever	nt:	nonic Performance a	it Disney H	all.
	Face Value of Tick				
66 pm	ntify source of ticke	ts below.) A Philharmonic			
Name of Outside Source of Ticket(s) Prov	vided to Agency:		***		
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously	Pursua	nt to Contra
. Agency Official(s) Receiving Ticket	(s) (use a continuation	on sheet for addit	ional names)		
Name of Official (Last, First)	Number of Tickets		ner the Distribution is Indoe the Public Purpose fo		
-		ж			
2.					
. Individual or Organization Receivin	g Ticket(s) (Provid	ed at the behest	of an agency official.)		
Name of Behesting Agency Official: Supe	rvisor Gloria Molin	a			
Name of Individual or Organization:			Numbe	er of Tickets	3:
Los Angeles Description of Organization:	County Departme	nt of Children	and Family Services	· · · · · · · · · · · · · · · · · · ·	
Address of Organization: 4024 North Durf	fee Avenue,	EI M	onte	CA	91732
Purpose for Distribution: (Describe the published Attachment A	ic purpose for the dis		ganization.)	State	Zip Code
. Verification		,			
I have determined that the distribution of tickets	s set forth above is in	accordance with	the provisions of FPPC	Regulation	18944.1.
Joanie Joanie	Paul		Adminstrator		3/2011
Signature of Agericy Head of Designee  Comment: (Use this space or an attachment for a	Print Name ny additional information	n including amendr	Title nent explanation.)	(m	onth, day, year)

DRESS PURPOSE OF DISTRIBUTION	Confidential 5.3 h) Promoting public and private facilities available for County resident use.	5.5 J) Encouraging or recognizing significant academic, athletic or public Confidential achievements by County students residents or business	
FACE VALUE ADDRESS OF EACH TICKET		Con	
# OF TICKET S	-	-	7
NAME	LA County Foster Youth	Foster Parents / Caregivers	TOTAL TICKETS
DATE OF EVENT	10/23/11		TOT

Tickets Provided by				
Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name Los Angeles County			Date Stamp	California 802
Division, Department, or Region (if applicable	e)			For Official Use Only
Board of Supervisors - First District	•			
Street Address				
500 West Temple Street, Suite 856, Lo.	s Angeles, CA 900	012	g* 1	
Area Code/Phone Number E-mail				<del></del>
(213) 974-4111 Molina@lac	bos.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and litle)  Joanie Paul - Ticket Administrator			Date of Original Filing: _	(month, day, year)
2. Event For Which Tickets Were Dist	ributed			·
Date(s) of Event: 10 /31 /2010	Description of Eve	nt:	nonic Performance at	Disney Hall.
	Face Value of Tick	et: \$ 100.00		
NO. LONG. THE CONTRACT OF THE	ntify source of ticke			
	ΙŽ	Philharmonic		
Name of Outside Source of Ticket(s) Prov	rided to Agency:			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency	/: 区Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuation	on sheet for additi	onal names)	
Name of Official	Number		ner the Distribution is Inco	ome to the Official or
(Last, First)	of Tickets		e the Public Purpose for	
<b>t</b> i				
. Individual or Organization Receiving	a Ticket(s) (Provid	ed at the behest	of an agency official )	· · · · · · · · · · · · · · · · · · ·
	rvisor Gloria Molin		or an agency emolally	
	ounty Foster Youth	- See Attachm	ent Δ	2
Name of Individual or Organization:			Number	of Tickets:
Description of Organization:	County Departme	nt of Children a	and Family Services	
4024 North Durf	ee Avenue,	El Mo	onte	CA 91732
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the publ	ic purpose for the dis	tribution to the or	ganization.)	
See Attachment A	. ,		<i>g</i>	
. Verification				
I have determined that the distribution of tickets	set forth above is in	accordance with	the provisions of FPPC F	Regulation 18944.1.
Joanie Joanie			Adminstrator	02/23/2011
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for a	ny additional information	n including amendm		( east tom)
	- 10 CONTRACTOR - 10 CONTRACT			

S PURPOSE OF DISTRIBUTION	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	1
VALUE ADDRESS EACH KET	Confidential	Confidential	
FACE VALUE OF EACH TICKET			
# OF TICKET S	-	_	7
NAME	LA County Foster Youth	Foster Parents / Caregivers	TOTAL TICKETS
DATE OF EVENT	10/31/10		TOT

Agency Report		A Pub	lic Docume	ent	тіск	ETS PROVIDED B
1. Agency Name Los Angeles County				Date Stamp	Californ Form	
Division, Department, or Region	on (if applicable)				For Off	icial Use Only
Board of Supervisors - First						
Street Address				¥.		9
500 West Temple Street, St	uite 856, Los Ang	eles, CA 900	)12	18		
	E-mail					· · · · · · · · · · · · · · · · · · ·
(213) 974-4111	Molina@lacbos.c	ora		Amendment (Musi	t explain in Part 5.)	
Agency Contact (name and title)	<u> </u>			Date of Original Filing	1:	
Joanie Paul - Ticket Adminis	trator				(month, day	year)
2. Event For Which Tickets	Were Distribute	ed				7
Date(s) of Event: 10 /23		ription of Eve	LA Philharn	nonic Performance	at Disney Ha	all.
	Face	Value of Tick				
Agangu Event						
Agency Event Yes	No (Identify s  ■ No (Identify s)  ■ No (Iden		The second secon			
Name of Outside Source of Ti	cket(s) Provided t	o Agency:	N Philharmonic			
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agency	/: ⊠Gratuitously	Pursuar	nt to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addit	ional names)		
Name of Officia (Last, First)	l <sub>.</sub>	Number of Tickets		ner the Distribution is In the Public Purpose		
	,,,,		9			
*						
4. Individual or Organization	Receiving Tic	<b>ket(s)</b> (Provid	ed at the behest	of an agency official.)	***************************************	
Name of Behesting Agency Of	Supervisor	Gloria Molin	a			
Traine of Donosang rigoroy of		Foster Youth	- See Attachn	nent A	-	2
Name of Individual or Organiza	ation:				oer of Tickets	
L Description of Organization:	os Angeles Cour	ity Departme	nt of Children	and Family Services	S	
4024	North Durfee Av	enue,	EI M	onte	CA	91732
Address of Organization:	er and Street	~	City		State	Zip Code
Purpose for Distribution: (Desc	oribe the public pure	aca for the dis	tribution to the or	agnization \		1.000 Ex 0500000000000000
See Attachment A	sibe the public purp	ose for the dis	and the title of	gariization.)		
ooo / kkaoimoni / k		<del></del>	<del></del>		-	
5. Verification						
I have determined that the distribu	ition of tickets set fo	orth above is in	accordance with	the provisions of FPP	C Regulation 1	8944.1.
XMILLO DIST	Joanie Paul			Adminstrator		3/2011
Signature of Agency Head of Designee	- Р	rint Name		Title		onth, day, year)
Comment: (Use this space or an at	tachment for any addi	tional information	n including pmonda	ant evaluation )	1,000	an emperior of the

SS PURPOSE OF DISTRIBUTION	Confidential 5.3 h) Promoting public and private facilities available for County resident use.	5.3.1) Encouraging or recognizing significant academic, athletic or public	deficaciones by county students, residents of businesses.
VALUE ADDRESS EACH KET	Confidentia	Confidential	
FACE VALUE OF EACH TICKET	\$100.00		
# OF TICKET S	-	_	2
NAME	LA County Foster Youth	Foster Parents / Caregivers	TOTAL TICKETS
DATE OF EVENT	10/23/10		TOT

### Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County Form 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 E-mail Amendment (Must explain in Part 5.) Molina@lacbos.org (213) 974-4111 Date of Original Filing: . Agency Contact (name and title) (month, day, year) Joanie Paul - Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic Performance at Disney Hall. Date(s) of Event: 10 /31 Description of Event: Face Value of Ticket: \$ Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: . 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 State Whether the Distribution is Income to the Official or Number (Last, First) Describe the Public Purpose for the Distribution of Tickets 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: LA County Foster Youth - See Attachment A 2 Name of Individual or Organization: . Number of Tickets: Los Angeles County Department of Children and Family Services Description of Organization: . 4024 North Durfee Avenue, CA El Monte 91732 Address of Organization: City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification			7 W.
Lhave determined that the distribution	of tickets set forth above is in	n accordance with the provisions of FPPC	Regulation 18944.1.
	Joanie Paul	Ticket Adminstrator	02/23/2011
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

See Attachment A

PURPOSE OF DISTRIBUTION	Confidential 5.3 h) Promoting public and private facilities available for County resident use.	sidents or hisinesses	decire of businesses.
PURPOSE	5.3 h) Promoting public and private fa	achievements by County students, residents or husinesses	
/ALUE ADDRESS ACH (ET	Confidential	Confidential	
FACE VALUE OF EACH TICKET			
# OF TICKET S	-	~	7
NAME	LA County Foster Youth	Foster Parents / Caregivers	TOTAL TICKETS
DATE OF EVENT	10/31/10		TOT

			olic Docume	ent		ETS PROVIDE AGENCY RE
. Agency Name Los Angeles County				Date Stamp	Califor Form	nia QN
Division, Department, or Reg	gion (if applicable)				For Off	icial Use Only
Board of Supervisors - First	st District					
Street Address 500 West Temple Street,	Suite 856, Los Ang	geles, CA 900	012	· ·		
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.c	org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title Joanie Paul - Ticket Admin	11612			Date of Original Filing	(month, day	year)
. Event For Which Ticket  Date(s) of Event: 11 12	98 90905 %		LA Philharn	nonic Performance	at Disnev Ha	all
11 ,21			eni:			
<u></u>	/ <u></u> Face	Value of Tick	et: \$ See Attac			
Agency Event Yes	No (Identify s  ■ Identify s  ■	source of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided	LA Agonovii LA	A Philharmonic			
		to Agency:				
Number of Tickets Received	d:	Ticket(s) Pro	vided to Agenc	y: ⊠Gratuitously	☐ Pursuar	nt to Contr
					0.000	
Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	on sheet for addit	ional names)		
Name of Offic (Last, First)	cial <sub>.</sub>	Number		ner the Distribution is Ir		
(455) (455)		of Tickets	i Descrit	be the Public Purpose f	or the Distribu	tion
					er the Bidting	tion
					or the Biding	HOTI
	-				o, the Blathou	tion
	w				o, the Blathya	lion
	-				or the Blathage	lion
	-				0.110 0.0110	llon
Individual or Organizatio	on Receiving Tic	ket(s) (Provid		of an agency official.)	0.110 0.0110	iion
	Supervisor	<b>ket(s)</b> (Provid Gloria Molin	ded at the behest	of an agency official.)		iion
Individual or Organization	Supervisor Official:	Gloria Molin	ded at the behest			
	Supervisor Official:	Gloria Molin	ded at the behest	nent A		10
Name of Behesting Agency (	Official: Supervisor  LA County ization:	Gloria Molin	ded at the behest a n - See Attachn	nent A Numb	er of Tickets	10
Name of Behesting Agency (	Official: Supervisor  LA County ization: Los Angeles Cour	Gloria Molin	ded at the behest a n - See Attachn	nent A	er of Tickets	10
Name of Behesting Agency ( Name of Individual or Organi  Description of Organization:	Official: Supervisor  LA County ization: Los Angeles Cour	Gloria Molin Foster Youth	ded at the behest a n - See Attachn	nent A Numb and Family Services	er of Tickets	10
Name of Behesting Agency ( Name of Individual or Organi  Description of Organization:  402  Address of Organization:	Supervisor Official: LA County ization: Los Angeles Cour	Gloria Molin Foster Youth	ded at the behest a n - See Attachn ent of Children a	nent A Numb and Family Services	per of Tickets	91732
Name of Behesting Agency ( Name of Individual or Organi  Description of Organization:  402  Address of Organization:  Num	Supervisor Official: LA County ization: Los Angeles Cour 24 North Durfee Av	Gloria Molin Foster Youth hty Departme	ded at the behest an - See Attachment of Children and City	nent A Numb and Family Services	er of Tickets	10
Name of Behesting Agency ( Name of Individual or Organi  Description of Organization:  402  Address of Organization:	Supervisor Official: LA County ization: Los Angeles Cour 24 North Durfee Av	Gloria Molin Foster Youth hty Departme	ded at the behest an - See Attachment of Children and City	nent A Numb and Family Services	per of Tickets	91732

Joanie Paul

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

Print Name

02/23/11

(month, day, year)

Ticket Administrator

DATEOF					
EVENT	Z	# OF TICKET	FACE VALUE OF EACH	ADDRESS	PURPOSE OF DISTRIBUTION
11/13/10	10 County 17	S	TICKET		
11/12/10	LA County Foster Youth	_	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use
	Foster Parents / Caregivers	_		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public
11/14/10	LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County and a second private facilities available for County available for County and a second private facilities available for County available for Count
	Doctor Doctor (Commercial				5.3 j) Encouraging or recognizing significant academic, athletic or public
11/1/10	1 A County Fraction Caregivers			Confidential	achievements by County students, residents or businesses
	Ly county Loster Loutil	_	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parents / Caregivers			Confidential	Schioromonts by County of recognizing significant academic, athletic or public
11/20/10	A County Easter Vouth	. د	940000	Confidential	achievements by county students, residents or businesses
	Dr. Obdinity i object Todail	-	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parents / Caregivers	_		Cantidantial	5.3 J) Encouraging or recognizing significant academic, athletic or public
11/21/10	I A County Easter Vouth	- ا د		Collingilliai	achievements by County students, residents or businesses
117710	Ly coamly Losiel Tourn	_	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parents / Caregivers	۸			5.3 j) Encouraging or recognizing significant academic, athletic or public
TOT	TOTAL TICKETS	-		Confidential	achievements by County students, residents or businesses
	י ויסולדוט				

Agency Report			A Pub	lic Docume	ent		PROVIDE ENCY REF
<ol> <li>Agency Name Los Angeles Cou</li> </ol>	nty				Date Stamp	California Form	
Division, Departme						For Official	Use Only
Board of Supervis	ors - Firs	t District					
Street Address 500 West Temple			ngeles, CA 900	12	×	,	
Area Code/Phone N (213) 974-4111		E-mail Molina@lacbos	s.org		Amendment (Must e	xplain in Part 5.)	
Agency Contact (na Joanie Paul - Tick					Date of Original Filing:	(month, day, yea	ar)
. Event For Which	Tickets	Were Distribu	uted				
Date(s) of Event:	12 <sub>/</sub> 11	<u>/10</u> De:	scription of Ever	)[:	nonic Performances	at Disney Hall	
	12 <sub>/</sub> 18	<u>/10</u> Fac	ce Value of Ticke	et: \$See Attacl	hment A		
Agency Event	Yes		source of ticker				
Name of Outside S	ource of		Ι.Λ	Dhilhamaaaia			
Number of Tickets	Received		Ticket(s) Prov	ided to Agency	y: ⊠Gratuitously	Pursuant to	o Cont
Agency Official(	s) Recei	ving Ticket(s)	(use a continuatio	n sheet for addit	ional names)		
	ne of Offic (Last, First)	al	Number of Tickets		ner the Distribution is Inc be the Public Purpose fo		
	·		OT TIONOIS	D C G G T I	od the Fuelle Full Dose to	the Distribution	
-		***			4		
		-					
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~~				4 82 8887000			
Individual or Org	anizatio	n Receiving Ti	i <b>cket(s)</b> (Provide	ed at the behest	of an agency official.)		
Name of Behesting	Agency C	Supervison Official:	or Gloria Molina	1		<del></del>	
Name of Individual	or Organiz	LA Count zation:	y Foster Youth	- See Attachn		10er of Tickets:	)
Description of Organ	ا _ :nization	os Angeles Co	unty Departmer	nt of Children a	and Family Services		
Address of Organiza	402 ation:	4 North Durfee	Avenue	El M	onte	CA 9	1732
~	Numb	er and Street		City		State	Zip Co
Purpose for Distribu See Attachment A	tion: (Des	scribe the public pu	urpose for the dist	ribution to the or	ganization.)		
V:6							
Verification	( de la constante	Jun - 6 11 - 1 - 1 - 1	f (t t t			<u>.                                    </u>	
State of the state	the distrib	ution of tickets set Joanie Pai			the provisions of FPPC Administrator	Regulation 1894 02/23/11	

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

			6	TOTAL TICKETS	101
5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses	Confidential		_	Foster Parents / Caregivers	
5.3 h) Promoting public and private facilities available for County resident use.	Confidential	\$93.00	_	LA County Foster Youth	12/18/10
5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses	Confidential		_	Foster Parents / Caregivers	
5.3 h) Promoting public and private facilities available for County resident use.	Confidential	\$93.00	_	LA County Foster Youth	12/18/10
achievements by County students, residents or businesses	Confidential		_	Foster Parents / Caregivers	
5.3 h) Promoting public and private facilities available for County resident use.	Confidential	\$93.00	-	E County Loster Louth	į
achievements by County students, residents or businesses	Contidential	***************************************	\ -  -	I A County Englar Voulth	12/17/10
5.3 j) Encouraging or recognizing significant academic, athletic or public	)		١.	Engler Parents / Caregivors	
5.3 h) Promoting public and private facilities available for County resident use	Confidential	\$100.00		LA County Foster Youth	12/17/10
achievements by County students, residents or businesses	Confidential			Foster Parents / Caregivers	12/17/10
5.3 h) Promoting p	Confidential	\$100.00	_	LA County Foster Youth	12110
		TICKET	S	200	10/11/10
FORFOSE OF DISTRIBUTION		OF EACH	TICKET		EVENT
	ADDRESS	FACE VALUE	# OF	NAME	DATE OF