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 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: 10/23/2010
   Description of Event: LA Philharmonic Performance at Disney Hall.
   Face Value of Ticket: $100.00
   Agency Event
   Yes ☐ No ☑ (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   LA Philharmonic
   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</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
   LA County Foster Youth - See Attachment A
   Number of Tickets:
   Number:
   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.

Joanie Paul
Ticket Administrator
02/23/2011
(month, day, year)

Signature of Agency Head or Designee

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)
<table>
<thead>
<tr>
<th>DATE OF EVENT</th>
<th>NAME</th>
<th># OF TICKETS</th>
<th>FACE VALUE OF EACH TICKET</th>
<th>ADDRESS</th>
<th>PURPOSE OF DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/23/11</td>
<td>LA County Foster Youth</td>
<td>1</td>
<td>$100.00</td>
<td>Confidential</td>
<td>5.3 h) Promoting public and private facilities available for County resident use.</td>
</tr>
<tr>
<td></td>
<td>Foster Parents / Caregivers</td>
<td>1</td>
<td></td>
<td>Confidential</td>
<td>5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.</td>
</tr>
</tbody>
</table>

TOTAL TICKETS 2
**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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>10/31/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>LA Philharmonic Performance at Disney Hall.</td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Agency Event**
- Yes
- No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:**
LA Philharmonic

**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>
</table>

### 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:**
LA County Foster Youth - See Attachment A

**Number of Tickets:** 2

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

**Address of Organization:**
4024 North Durfee Avenue,
El Monte
CA 91732

**City**
CA

**State**

**Zip Code**

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

See Attachment A

### 5. Verification

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee:</th>
<th>Print Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanie Paul</td>
<td>Ticket Administrator</td>
<td>02/23/2011</td>
</tr>
</tbody>
</table>

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

FPPC Form 802 (Feb/09)
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<td>10/31/10</td>
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TOTAL TICKETS 2
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 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

Date Stamp

2. Event For Which Tickets Were Distributed
Date(s) of Event: 10/23/2010
Description of Event: LA Philharmonic Performance at Disney Hall.

Face Value of Ticket: $100.00

Agency Event: Yes

No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 2
Ticket(s) Provided to Agency: Gratuitously

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>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: LA County Foster Youth - See Attachment A

Number of Tickets: 2

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]
Joanie Paul
Ticket Administrator

Print Name
02/23/2011
Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
<table>
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<tr>
<th>DATE OF EVENT</th>
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<td>1</td>
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**TOTAL TICKETS** 2
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 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: 10/31/2010 Description of Event: LA Philharmonic Performance at Disney Hall.

Face Value of Ticket: $93.00

Agency Event: ☑ Yes ☐ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

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>
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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: LA County Foster Youth - See Attachment A

Number of Tickets: 2

Los Angeles County Department of Children and Family Services

Description of Organization:

Address of Organization:
4024 North Durfee Avenue, El Monte, CA 91732

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

Signature of Agency Head of Designee Print Name Title

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

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<tr>
<td>10/31/10</td>
<td>LA County Foster Youth</td>
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**TOTAL TICKETS** 2
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 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: 11/12/10
Description of Event: LA Philharmonic Performance at Disney Hall

Face Value of Ticket: $ See Attachment A

Agency Event
☐ Yes
☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 10
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:
LA County Foster Youth - See Attachment A

Number of Tickets: 10

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 of Designee
Joanie Paul Ticket Administrator
Print Name
Title
02/23/11
(month, day, year)

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

FPPC Form 802 (Feb/09)
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<tr>
<th>Purpose of Distribution</th>
<th>Ticket Address</th>
<th>Ticket #</th>
<th>Face Value</th>
<th>Event Name</th>
<th>Date of Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Promoting public and private relations available for County Resident use</td>
<td>Confidential</td>
<td>1</td>
<td>$93.00</td>
<td>LA County Foster Youth</td>
</tr>
<tr>
<td>5.3</td>
<td>Promoting public and private relations available for County Resident use</td>
<td>Confidential</td>
<td>1</td>
<td>$100.00</td>
<td>LA County Foster Youth</td>
</tr>
<tr>
<td>5.3</td>
<td>Promoting public and private relations available for County Resident use</td>
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<td>LA County Foster Youth</td>
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</tr>
<tr>
<td>5.3</td>
<td>Promoting public and private relations available for County Resident use</td>
<td>Confidential</td>
<td>1</td>
<td>$100.00</td>
<td>LA County Foster Youth</td>
</tr>
<tr>
<td>Name of Official (Last, First)</td>
<td>Number of Tickets</td>
<td>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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<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.)

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Name of Individual or Organization</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Gloria Molina</td>
<td>LA County Foster Youth - See Attachment A</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Organization</th>
<th>Address of Organization</th>
<th>Purpose for Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Department of Children and Family Services</td>
<td>4024 North Durfee Avenue, El Monte, CA 91732</td>
<td>(Describe the public purpose for the distribution to the organization.)</td>
</tr>
</tbody>
</table>

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]  Joanie Paul  Ticket Administrator  02/23/11

Signature of Agency Head or Designee  Print Name  Title  (month, day, year)

Comment: (Use this space for an attachment for any additional information including amendment explanation.)
<table>
<thead>
<tr>
<th>Purpose of Distribution</th>
<th>Confidentiality</th>
<th>Amount</th>
<th># of Tickets</th>
<th>Event Name</th>
<th>Date of Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2. Promoting public and private facilities available for County Resident Use</td>
<td>Confidential</td>
<td>$993.00</td>
<td>1</td>
<td>Foster Parents / Caregivers</td>
<td>12/7/10</td>
</tr>
<tr>
<td>5.3. Promoting public and private facilities available for County Resident Use</td>
<td>Confidential</td>
<td>$1000.00</td>
<td>1</td>
<td>Foster Parents / Caregivers</td>
<td>12/7/10</td>
</tr>
<tr>
<td>5.4. Promoting public and private facilities available for County Resident Use</td>
<td>Confidential</td>
<td>$993.00</td>
<td>1</td>
<td>Foster Parents / Caregivers</td>
<td>12/7/10</td>
</tr>
<tr>
<td>5.5. Promoting public and private facilities available for County Resident Use</td>
<td>Confidential</td>
<td>$993.00</td>
<td>1</td>
<td>Foster Parents / Caregivers</td>
<td>12/7/10</td>
</tr>
</tbody>
</table>

**TOTAL TICKETS**

<table>
<thead>
<tr>
<th>Foster Parents / Caregivers</th>
<th>10</th>
</tr>
</thead>
</table>